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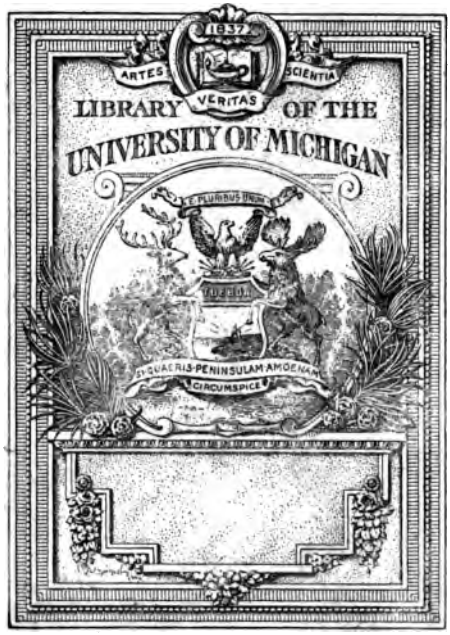
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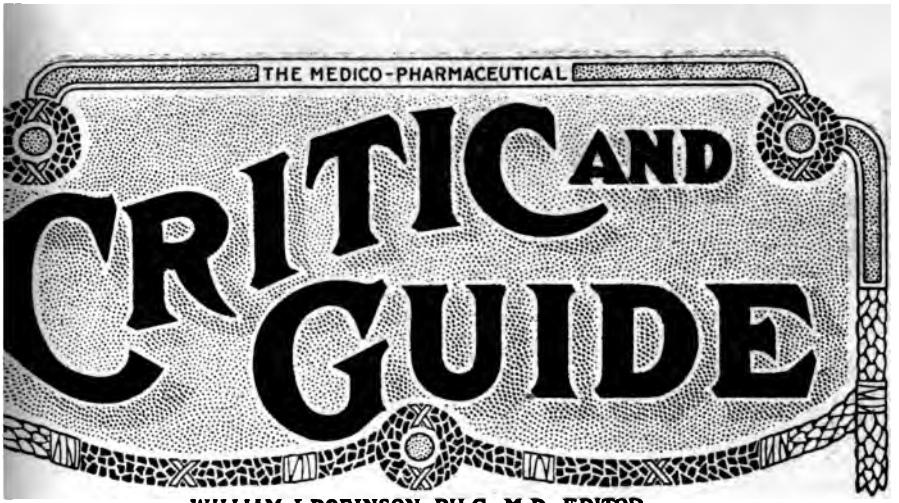

WILLIAM J. ROBINSON, PH.G. M.D., EDITOR

A Free and Independent Journal treating with absolute fearlessness and impartiality all Scientific and Social-Economic Questions affecting the professions of Pharmacy and Medicine, and the relations of these professions to each other and to the Public.

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1908

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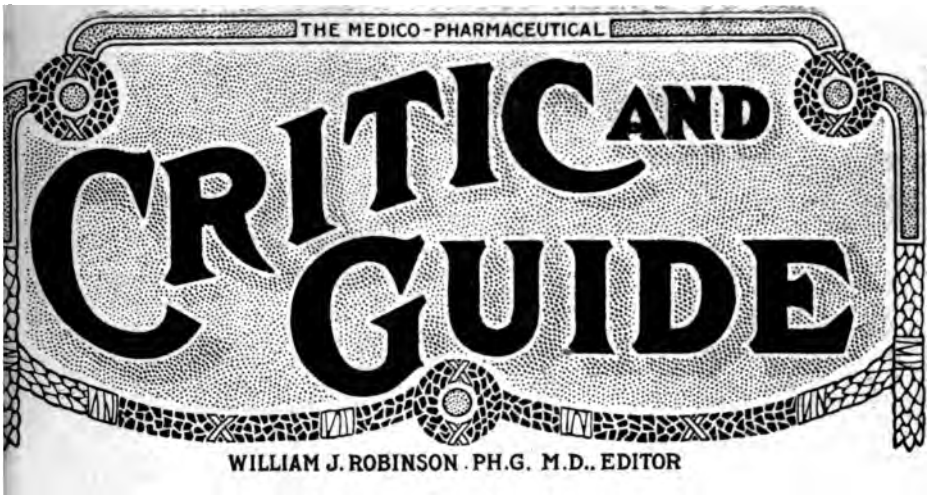

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

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It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. XI NEW YORK, JANUARY, 1908 No. 1

Editorials and Editorialettes.

To those who see the Critic and Guide for the first time: Please read this issue carefully. It will give you some idea of what the Critic and Guide is.

We believe it to be a little different from the monthly mediocrities, which are so fearfully alike.

We believe it to be the only one of its kind.

We believe it has accomplished an immense amount of good.

It is a Journal written with considerable expenditure of gray matter and red corpuscles.

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If the Critic and Guide appeals to you, send us your subscription. Some remarkable offers appear on page 14. It is to your interest to take advantage of them without delay.

THE IMPORTANCE OF THE STUDY OF SEXUAL DISEASES.

The shadow of the Period of Darkness— the Middle Ages— is still upon us. Its cruel and perverted teachings still have us in their grip. Its monkish asceticism, which taught that our body is something worthless and that particularly the genital system is something unclean, something to be ashamed of—have we not the shameful word *pudenda?*—is still permeating our conduct, our literature and even our medical schools. Men graduate, receive diplomas as physicians and licenses to practice without having heard a single lecture on disorders of the sexual system, one of the most important systems as far as the individual is concerned and *the* most important system as far as our social life and the perpetuation of the race is concerned. Venereal diseases are at last beginning to be treated in some colleges with the consideration which the importance of the subject deserves;

but purely sexual disorders are still entirely neglected, and the medical student graduates without having heard a lecture on the subject of masturbation, pollutions, spermatorrhea, ejaculatio praecox, sterility, sexual perversion, etc. And on these subjects I find the average physician as ignorant as the average layman. The intelligent layman often knows more than the physician, because he is more eager for the knowledge.

Should this state of affairs continue to exist? Physicians make a specialty of diseases of the eye, diseases of the nose and throat, diseases of the stomach, etc.—why not make a separate and important specialty of diseases of the sexual system? Is it perhaps because diseases of the sexual system are less "serious" and cause less suffering? Then listen to what I have to say *Quoad vitam* they are less serious; but as far as suffering is concerned, I declare emphatically that there is not a disease or a whole class of diseases which is responsible for so much suffering, so much misery, so much heartbreaking as are the diseases of the sexual system—and I do not except tuberculosis. Only the suffering is of a different character.

Do you see yon disrupted home, where love and peace reigned before and hell is reigning now? Do you see that business man who is steadily and unexplainably losing his grip on the details of his affairs, is losing his appetite and his sleep and will soon have to be sent up to a sanitarium for repairs? See you that refined woman who has every material comfort imaginable and is nevertheless wasting away, becoming pale, irritable, melancholic, and will soon be—if nothing is done to help her—a confirmed hypochondriac? Do you see that wan looking bookkeeper who, formerly an expert, is now unable to keep a position for any length of time, because he is mixing his figures so? Do you see that bright young boy who is losing both brightness and flesh to such an extent that the parents are afraid he is running into consumption? And how about that sweet young girl who was obliged to give up college for reasons that nobody could explain? And those hundreds of divorced couples? *All this unspeakable misery and suffering due to disorders of the sexual system!* And the pity of it is that all of it, or the greater part of it could have been avoided if not for two things—if the patients had not been afraid, *ashamed* to ask for advice, and if the physicians were not so densely ignorant of the subject of sexual disorders.

Let us throw off the stupid prudery of the middle ages which is killing thousands and making wretched nervous wrecks of hundreds of thousands; for the sake of humanity let us devote ourselves earnestly to the study of sexual diseases; and let us once forever abolish the unclean notion that there is anything unclean about the sexual system.

No pain or suffering depending upon *physical* causes should be alien to the domain of the *physician.*

BE GUARDED IN YOUR PROGNOSES.

A prognosis may be wrong in one of two opposite directions; a favorable prognosis may be given, and the disease proceed to a fatal issue; and *vice versa,* the prognosis may be absolutely gloomy and unfavorable, and the patient may recover and live for many years.

It is of these gloomy prognoses that we wish to speak now. A wrong favorable prognosis is by far not so serious in its consequences, provided the disease was not made light of. An easy explanation can always be given: the disease took an unexpected bad turn, one that could not possibly be foreseen; the doctor did not want uselessly to alarm the patient and those around him, etc. Besides, a favorable prognosis has a real therapeutic value, and by buoying up the patient may actually help to turn the tide in a favorable direction. The consequences, however, of a positive unfavorable prognosis, subsequently belied, are very serious. First of all, they make the physician ridiculous. The patient who was doomed to death by Doctor X long ago, and who is not only among the living, but enjoys perfect health—not a rare phenomenon—makes Doctor X the butt of all gossips and wags; he becomes an object of derision and ridicule, and ridicule is fatal to success. Besides, a gloomy prognosis has frequently a very unfavorable effect on the course of disease. This is a point unfortunately still little appreciated by many physicians. It is useless to give the patient a favorable prognosis, and an unfavorable one to those around him. It is impossible for the relatives and friends to conceal and dissimulate; the patient learns the truth from the faces, gestures, whisperings, etc., and finding that his condition is such that it is necessary to conceal from him the true state of affairs, he falls into a condition of apathetic despair.

But there is another aspect to the subject, an aspect which we do not think has heretofore been considered, but which is of the highest importance, as it deals with the influence which is produced on the community at large—its relations towards the medical profession and the growth of quackery. We know that the unguarded prognoses of some physicians have been one of the most potent factors in the growth and dissemination of the various humbugs, frauds, and quackeries. A patient is declared incurable, is, so to say, doomed to death by a regular physician, perhaps one thoroly competent and conscientious. The patient in despair looks for help from any quarter and falls into the hands of some ignoramus, Christian Scientist, or other humbug. Regardless, or in spite of the treatment or the non-treatment, the patient occasionally happens to recover. Presto! The whole neighborhood or even town is agitated with the information—and the newspapers may announce it in black headlines—that So-and-So, who has been given up by the best physicians,

has been cured by the marvelous healer Quack. The common people cannot be expected to reason coolly and scientifically, to collate statistics, to consider the immeasurably larger percentage of correct prognoses in comparison with those that have proved wrong, etc. They see or hear of a fact, and that is to them of more weight than thousands of arguments. The harm, therefore, that such occurrence works in any community is incalculable.

A few facts that came under our personal notice or that have recently been recorded in current literature will prove interesting reading and should serve as a warning and an object lesson to our readers. A physician with a large practice had been treating a patient who was in the third stage of pulmonary tuberculosis and suffered with severe and frequent hemmorhages. On three or four occasions these latter were so severe that the patient fainted, and it took quite some effort and time to revive him. The stomach was very irritable and both food and medicine were frequently rejected. The general condition was getting worse, the pulse was at times hardly perceptible, and the voice of the patient was only a hoarse whisper. The physician gave an absolutely unfavorable prognosis, putting the limit of life at a few weeks. A month passed, the patient's condition had been getting progressively worse, the hemorrhages were repeated three or four times a day, and at last the physician, who had been annoyed several times a day with demands to call, said that it was simply useless for him to continue calling, that the patient might die at any hour, within two or three days anyway. When a patient is "given up" absolutely, he himself and his relatives feel justified—and so they are— in catching at anything that promises relief or cure. A friend recommended a mental healer who "performed the most wonderful cures," and the healer was called in. With delightful nonchalance, which is common to those who cannot diagnose between a bronchitis and pulmonary consumption, or between a lipoma and a carcinoma, he promised a perfect cure. In two or three days the hemorrhages stopped—as they had done many times before— the patient rallied, as he had many times before, and the fame of the great healer rose still higher. The rumor of this wonderful cure spread still further and brought an abundance of shekels into the healer's coffers. The patient lived for fully eight months after the "cure". The last two months were passed in great agony, which even the healer could not relieve, but this fact did not dim his fame. The fact that he "cured" a dying man after he was "given up" by his doctor covered and will continue to cover a multitude of failures and sins.

Another case is that of a young woman teacher suffering from some "heart trouble," which her physician pronounced absolutely fatal. She had been in bed for several months, very weak and able to walk only with difficulty. Another physician was called in, changed the treatment, sent the patient to the country and in

two months she was in better health than ever, and has continued so ever since.

A third case is that of a woman suffering with Bright's disease. A professor of clinical medicine in one of our colleges, who was called in consultation, gave the probable duration of her life as from two to three months. The woman suffered with general anasarca, her urine was loaded with albumin and with all possible varieties of casts, and, according to all textbook authority, the professor's prognosis was correct. Nine years have passed since that time and the woman is still alive, tho her urine has never been free from albumin and she must constantly be taking medicine and be very frugal in her diet. (A note for our friends, the therapeutic nihilists: This woman, who is under the writer's treatment, cannot live without "drugs." No sooner does she abandon medicine for a few weeks than her condition becomes alarming; anasarca makes its appearance, violent uremic symptoms set in, and the proportion of albumin in the urine is increased enormously. This we have had occasion to witness not once, but a great number of times during the last nine years.)

Cancer has so long been considered an absolutely incurable affliction, that the moment the diagnosis is made, the physician considers himself justified in making an unfavorable prognosis. Of course, in by far the greater percentage of cases the prognosis will prove correct, but even here caution is necessary and for two reasons: first, a diagnosis even by competent men may be wrong, and second, cases of undoubted cancer have been known to retrogress and to remain at a standstill for a long time; some have even been known to become practically cured. Several cases were reported by Osler, James Pearce, and others. In November, 1896, Dr. Pearce Gould showed a patient before one of the London medical societies. The patient was apparently well, notwithstanding that eight months previously she seemed to be near death from recurrent mammary carcinoma, with glandular involvement and secondary deposits in the lung. At an annual meeting of the British Medical Association Dr. George Thomas Beatson—the introducer of oöphorectomy and thyroid extract in the treatment of cancer of the breast—passed around a photograph of a case of mammary carcinoma in a woman who had been under his observation for six years. Any one looking at the photograph would say that the breast had been removed by the surgeon's knife. This was not the case. The woman had no treatment whatever, but nevertheless the entire mamma had disappeared, together with some glandular enlargement in the axilla.

Beaver's case was one in which the diagnosis of inoperable uterine cancer was concurred in by two prominent specialists; in which life seemed to be limited to one month at the utmost and in which thyroid extract produced a cure, the patient leading

an active life, free from pain, with nothing abnormal to be found in the pelvis. This should be a warning to us. The most remarkable case, however, is probably one reported by Dr. D. W. Samways of London in the *British Medical Journal* (No. 2140). While house physician at Guy's Hospital, he had to attend to a patient, an elderly woman, who was *dying,* from what was diagnosed as cancer of the stomach. There was frequent vomiting of blood in small quantities. Egress from the stomach was prevented by what was supposed from the touch to be a tumor in the pyloric region, and the gastric contents had to be siphoned off daily. There was marked cancerous cachexia, and death was imminent. One day the woman complained that she felt very low, and asked for a tonic. The doctor prescribed a mixture of nux vomica, nitro hydrochloric acid, and gentian, well known at Guy's as mistura acidi composita. The patient at once began to make rapid improvement, and was discharged in about a fortnight. Several months after, when the doctor saw her, she was in fair health. He ingenuously adds that he afterward wondered if the diagnosis was inaccurate, or whether the cancer was "capricious."

In the *Deutsche medicinische Wochenschrift* there appeared an article by Dr. G. Oeder bearing directly on our subject. It is entitled: "How Long Can A Man Live Who Is Suffering With Diabetes, and Has also Been Attacked with Pulmonary Tuberculosis " We all know the extreme fatality of diabetes and of pulmonary tuberculosis. When a patient suffering with either of those diseases is attacked with the other, his days, we have been taught and we all know from personal experience, are counted indeed. But even here great caution is necessary in making a prognosis, as Dr. Oeder's case forcibly demonstrates. The patient to whom the doctor was called had all the physical signs of pulmonary tuberculosis. His sputum contained bacilli and streptococci; an examination of the urine revealed an enormous amount of sugar, namely, 7.5 per cent. In addition to this, the patient had an abdominal fistula, the result of several operations for appendicular inflammation, which once in a while would become converted into an abscess secreting nasty pus of a fecal odor. The temperature was about 102 and the pulmonary condition seemed to be in an active progressive stage. Pulmonary hemorrhages, one of which was so profuse that the patient fainted in bed, served to make the prognosis more serious. The absolute hopelessness of the case was fully apparent to the physician; the longest time the patient could live was a few months. He told the wife of the seriousness of her husband's condition, but from a sense of pity he did not tell her just what he thought. And the doctor is thankful that he for once allowed himself to be guided by his emotions. For now, six years after the first visit, the patient is alive and practically well, his fistula healed up, he has gained flesh and attends to his business. He eats carbo-

hydrates, eschewing only sugar. There is still glucose in his urine (a much smaller percentage), but the patient does not seem much the worse for it. As the doctor says, had he unguardedly dropped a word as to the rapidly fatal issue of the case, then the general improvement and standstill of the pulmonary affection would have been ascribed to some quack remedy or to some charlatan into whose hands the patient might have fallen—while scientific medicine would undoubtedly have received an additional kick.

The above reported cases are not unique. Every physician of a fair practice might be able to relate one or more similar cases. The admonition to be guarded in our prognoses is therefore not out of place. Let us remember that as long as there is life there is hope. Let us further remember that a mistake in diagnosis is possible in the hands of the most skillful physician, and also that the number of incurable diseases and conditions is gradually getting smaller and smaller.

MR. EDDIE BOK—SOFTHEAD.

As we stated in an editorial in the December issue, we are willing to give Mr. Bok credit for the part his journal has played in the campaign against the worthless patent medicines; tho we were always rather in doubt as to the pure altruism of his motives, and tho the slopping over of some medical journals and societies—in passing resolutions of commendation for his heroic action—always nauseated us. But whatever credit we may be willing to give Mr. Bok for his work in the past, we have not the slightest hesitation in saying that the harm done by his recent public utterances has by far counterbalanced any good he may ever have done; the harm done the public, the medical and the pharmaceutical professions is incalculable. When Mr. Bok tells the country that 41 or 47 per cent. of the physicians are prescribing secret nostrums, he is telling something which is palpably, demonstrably untrue. We would be justified in stating that he is *deliberately,* for sensational purposes, perverting the truth, but for the charitable explanation that Mr. Bok's head is in a muddle, that he is confusing patent medicines, real nostrums and strictly high-class proprietary remedies having definite chemical or pharmaceutical formulas. We have access to hundreds of drug stores in the city and we state positively that not one prescription in a hundred will be found there calling for a real nostrum, i. e. a remedy the composition of which is kept secret and is unknown to the prescriber. If 41 or 47 per cent. of modern prescriptions do call for such remedies as adrenalin, aspirin, heroin, veronal, digalen, colchi-sal, pepto-mangan, mercauro, eucaine urotropin, eugallol, ichthyol, protargol, pyramidon, etc., etc., it merely goes to show that most of our physicians are advanced progressive men, who care for the welfare of their pa-

tients, and who therefore use any non-secret remedy, which they think is necessary for the patient, regardless of whether the remedy is in the pharmacopeia or not. To accuse such physicians of using nostrums and to threaten them with exposure is the acme of asininity and is unmistakable proof of softheadedness.

We learn from private sources that Mr. Bok is developing a decided leaning toward osteopathy and that he will probably support the ostheopathic bill in the Pennsylvania legislature. We should not be a bit surprised. It looks that way. In the January issue of *The Ladies Home Journal* Dr. Still, the "founder" of osteopathy is given a whole page to tell the world of his "discovery." No, we are not a bit surprised. And what is more, we would not be at all surprised if next year Mr. Bok forsook osteopathy and turned to Christian Science.

That all comes from being a softhead.

But then if Mr. Bok were not a softhead, but had a virile mind and a solid scientific education, he would not be a success as the editor of a mushy-gushy journal for overdressed and underbrained fluffy ruffles.

DOSAGE THE BANE OF MEDICINE.

We presume the text-books will always have to give some kind of average dose, otherwise some fool might go and administer a toxic drug in such quantities, that the first dose would render all future doses unnecessary. But we are firmly convinced that the idea that the dosage as given in the text-books is something fixed and definite is responsible for thousands of deaths every year Tho the few rational teachers of therapeutics that we have are trying to inculcate in the minds of their students that there is no such a thing as a definite dose, that the proper dose of a drug is that quantity which will produce the desired result, still the average physician is too diffident, too timid to exceed the text-book dose. A recent experience in our own practice is a good illustration. A physician consulted us about a patient who was suffering from renal and cardiac disease. He had been giving him digitalis *of course,* but the patient was not improving; he was passing only eighteen ounces of urine a day, and was getting edematous. We advised the discontinuance of digitalis and the administration of sparteine; three days later the doctor called us up, stating the sparteine was not doing any good, amount of urine was the same, etc. We asked about the dose, and learned that in this dangerous condition the doctor was giving the sparteine in enormous doses of ⅛ grain t. i. d. We could not help smiling. We ordered the dose increased to 2 grains 3 times a day—on our responsibility. In 24 hours the urine increased to 40 ounces, the edema began to disappear and the improvement became remarkable all around. The patient is still taking these doses—with nothing but benefit.

This is not a plea for large doses any more than it is a plea for small doses. It is a plea for effective doses. We believe in the mildest measures and in the smallest doses if they will produce results. But we believe in the most heroic measures and largest doses if they become necessary.

Let us use common sense, let us watch results and let us not be bound by the traditions of text-book doses. Many of them have no scientific basis. They are simply copied from text-book into text-book, from one edition to the next, without critical analysis. The proper dose is dose "enough" and only on this basis can we be of benefit to our patients.

DOES THE CRITIC AND GUIDE MOLD PUBLIC OPINION?

Does the CRITIC & GUIDE exert an influence in molding the thoughts and opinions of the medical profession of the United States? With all due modesty, we believe, sincerely believe, it does. We believe there are few journals that are scanned as carefully in every editorial office in the country, or studied as eagerly and analytically by their readers. At first our ideas shock, but at each new presentation the shock is less and less; then these ideas begin to seem perfectly rational; then they are absorbed consciously or subconsciously—and then our readers say: "Why, we have always thought so!" We write an editorial. It may apparently pass unnoticed. But two, three, four or six months later we notice an editorial here, an article there, a paper is read before one society and then before another, in which the same ideas are presented, the same arguments introduced, and often *in our very words.* And so the leaven rises; and so the good work—work for the abolition of darkness, ignorance, intolerance, bigotry, narrowness, cruelty, hypocrisy—goes on.

Nearly two years ago—namely March 1906, in an editorial on the prevention of conception I wrote: "Well, I expect to keep up agitating this vital question until it is pushed to the front, until it is taken up by hundreds of other journals and until the stupid, hypocritical, pernicious law, which makes the dissemination of life-saving knowledge a crime, is removed from the statute books.....

When I undertook the fight on the fraudulent nostrums, I was ridiculed and branded as a Don Quixote. *Well, the work is bearing glorious fruit.* I did not expect to drive the fraudulent patent medicines out of existence, personally, directly; I knew this was impossible, but I did expect to stir up the public conscience and have other journals take up the fight. And my expectations have been realized. Before the CRITIC & GUIDE started the fight you could not find a journal with an editorial on the nostrum evil or ethical advertising; now you can hardly find a journal without such editorials. They simply have got to take sides.

And so with this question, which I consider of a thousand times greater importance. I expect to hammer at it until practically every other journal in the country will feel obliged—in self-preservation—to take it up and discuss it. It matters little whether they discuss it pro or con, as long as the stupid taboo is removed. I have no fear of the ultimate result. No question is settled until it is settled right, and the question of prevention of conception will not be settled right until it becomes just as legitimate and just and proper to teach the people the prevention of conception as it is legitimate and proper to teach the prevention of disease."

We would ask our readers to take a dozen, or two dozen, or a hundred medical journals of only three years ago and compare them with the same number of journals for the year that has just closed. Let them note the difference in the number of original and editorial articles devoted to the subjects of so-called race-suicide, prevention of conception, the social evil, venereal disease and individual prophylaxis. The difference is enormous; it is almost incredible that such a change could take place in such a short time. And it is an encouraging sign of genuine progress in the medical profession. For, with the utmost desire to be charitable, we must admit with shame that our professional brethren who should be the teachers and leaders in everything concerning public health have up to very recently been most culpably, negligently, most cowardly silent on problems of the utmost vital importance to the human race.

We believe that the CRITIC & GUIDE has been an important factor in the change of attitude in the medical profession on the subjects of regulation of production, venereal disease and individual prophylaxis and we shall continue our work until the greater portion of the profession has been converted to our views. Of course, we do not expect to convert everybody. Some people's brains are so petrified that if you trephined their skulls, introduced a pound of cordite and exploded it therein, you would still fail to make an impression on their cerebral cells. But fortunately such people are rapidly becoming a thing of the past.

As we were about finishing this editorial the December issue of the New York State Journal of Medicine was brought in. It contains an article entitled "Race Suicide", by Dr. Chas. E. Low, of Pulaski, N. Y. The paper was read before the Oswego County Medical Society, and is the most rational and most radical contribution to the subject of limitation of offspring that has ever appeared in any official medical journal. The author boldly and openly advocates prevention of conception (the paper will be reprinted in the CRITIC & GUIDE). Will any one assert that such a paper could have been read before a medical society and published in the largest and most important state medical journal in the country three years ago?

We think not.

I HAVE ENOUGH JOURNALS—I WANT NO MORE.

The Editor of the New York State Journal of Medicine on learning that I became the Editor of the American Journal of Urology wrote to ask me what journal, in my capacity of Editorial Octopus, I would snatch up next; and another friend wrote that if I did not stop, the Sherman anti-trust law would be invoked against me. Well, I promise to stop. I have all the journals I want. There is the CRITIC & GUIDE, admittedly the only one of its kind, waited for impatiently each month, a journal in which in a free, easy and unconventional manner I can touch upon all questions of vital interest to the medical and pharmaceutical professions.

There is Therapeutic Medicine—the *only* independent journal in the English language devoted exclusively to therapeutics. I have always considered therapeutics the most important branch of medicine and always wanted to edit a serious, unhampered, independent therapeutic journal. The good fairies have granted my wish—I edit the only independent therapeutic journal in the English language—and it is meeting with remarkable success.

I am the Editor of The American Journal of Urology, again the only journal of its kind in the English language. I wanted a journal representing my specialties—and I have it. It is hard to know what a success I will make with it—but from responses received so far, the outlook is very encouraging. The journal has been enlarged in its scope so as to embrace not only genito-urinary surgery, but also venereal, sexual and skin diseases. We particularly need an organ which should devote some space to *sexual* disorders—a class of diseases of the utmost importance to the welfare and happiness of the human race, but hitherto shamefully, criminally neglected.

And last but not least, I have Altruria, "an ideal magazine for people with ideals". A dear little medium in which I can forget that I ever studied medicine and in which I can speak with the outside thinking world on morality, ethics, religion, politics, socialism, single tax, etc. etc. For one thing I have never permitted myself to forget: that besides being a physician, I am also a man, a citizen; yes, *homo sum et nihil humani a me alienum puto.*

Consequently, I have enough journals and want no more. And it might be added that they are all gotten out single handed.

Should this editorial appear somewhat too personal to some of our readers, they will kindly remember that the CRITIC & GUIDE is a personal organ. In Therapeutic Medicine and in The American Journal of Urology the personal pronoun "I" does not occur. Pure science is impersonal.

AN ETHICAL EDITOR'S RELATIONSHIP TO HIS ADVERTISEMENTS.

My relationship to advertisements appearing in the Critic & Guide is exactly the same as my relationship towards original articles appearing in the reading pages of the Journal. As I do not hold myself responsible for each and every statement made by a contributor so I do not hold myself responsible for each and every statement made by an advertiser. But, as I would not admit an article without examination, as I would not admit drivel and gibberish, and illogical, ungrammatical trash, so I would not admit any preparation which I considered worthless, or for which fraudulent claims were made. In either case it means that the article is at least good enough to be worthy of the attention of our readers. But it is absurd to hold even the most ethical editor responsible for every single statement appearing in the advertisements; just as absurd as it would be to have him bear the responsibility for every single statement appearing in the articles of his contributors.

Isn't the parallel perfect?

THE WOMAN IS NOT TO BLAME.

The woman is not to blame. Her mind is in a peculiar condition—you know this—you who have sat and listened to these stories. A woman came to me—one of my best friends, a teacher in the Sunday school—a splendid woman; as good as the very best of women, and she told me: "I have four children, I have another on the way. I am a weakly woman and have been under your care a good deal. I want you to stop it." I was horror struck, but I did not let her know it, but tried to dissuade her from it. She would not hear to it—she threatened everything, that she would destroy herself, and a great many other things. I should not be their family physician any more. That cut no figure with me, but I saw the woman was in no condition to be reasoned with. She said, "I will take a butcher knife and cut myself open." What do you think of that?—and she was a good woman, too. She was laboring under an impulse for which she was not to blame. I said to her, "All right, I will consider your case especially. Do not say anything about it and I will give you something to help you." I gave her a simple placebo and sent her home until the storm had gone by, and in due time I officiated properly.—Dr. C. F. Wahrer, in a discussion on the abortion evil *(Iowa Med. Jour.,* December, p. 294*)*.

Yes, friend Wahrer. But what will you tell that woman when she comes to you pregnant with the 6th, 7th or 8th child? Do you think she will be satisfied with placebos? Will she not then go to a professional abortionist and is it not your duty as her family physician to give her some preventive in order to avoid such a possible calamity?

THE AMERICAN PHARMACIST.

Complying with numerous requests from physicians and pharmacists we have decided to reintroduce our distinctly pharmaceutical department in the CRITIC AND GUIDE. We will state at the outset that this department will not contain any instructions as to how to arrange toilet paper, toothpicks, tooth brushes and hair soles in the drugstore windows to best advantage, nor will it contain elaborate discussions on the important subject, how to make a cent and a quarter more on the sale of a bottle of peruna. But whatever is best and most important in the life of the professional pharmacist, whatever original formulas for new preparations are most valuable to both pharmacist and physician will be found in this department. We believe that a careful perusal of the pages devoted to THE AMERICAN PHARMACIST will serve to do away with numerous misunderstandings now unnecessarily existing between the professions of medicine and pharmacy, and will serve to establish more cordial relations between them.

We have no space to waste and this department will contain no chaff; it will be all wheat.

A JOURNAL OF SEXUAL DISEASES.

There is no journal in the English language devoted wholly or even in part to a serious study of sexual diseases. Some articles on the subject appear sporadically—articles more noted for their salaciousness than for their science—but they do not amount to much and contribute little or nothing to our knowledge of the subject. We are glad to announce that the American Journal of Urology will devote considerable space to the subject of sexual diseases and what the best men in the world have to say on the subject will be found in its pages.

We had intended to establish a journal devoted exclusively to sexual diseases, but with the broadening of the scope of the American Journal of Urology this becomes unnecessary.

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If you are very mad at the editor, sit down and write a very sharp, stinging letter. Make it real mean and scurillous. Then tear it up and throw it in the waste-basket. Your mind will be relieved, and you will then perhaps be able to perceive that possibly after all the editor is right.

INTEREST IN THE SUBJECT OF LIMITATION OF OFFSPRING.

It is remarkable how deep and universal the interest is in the subject of the prevention of conception in proper cases. Our editorial on the subject in the December issue has literally "swamped" us. We have been unable to attend to our mail

properly and there are still over a thousand letters unanswered. Of course many of our friends forgot to enclose stamps, and also many have written who are neither physicians nor subscribers, or subscribers in name only (for a subscriber who is not *paid up* is not a real subscriber).

We again reiterate that those who are not regular bona fide paid up subscribers have no claim whatsoever upon our time and energy We have all we can do to attend to requests for information from our appreciative subscribers.

Is Gonorrhea Curable?

We do not believe there is such a thing as an incurable case of gonorrhea. So-called incurable cases are only such because of the physician's lack of skill or more often because of the patient's impatience. With proper skill in the one and sufficient patience in the other every case of gonorrhea can be cured and cured permanently. We have not yet come across a single incurable case, i. e. a case in which the gonococci could not be permanently destroyed. A very slight, hardly perceptible, catarrhal condition may remain, but that is of no consequence whatsoever. But slipshod treatment, or what is just as bad—over treatment—and the patient's peregrinating from one physician to another will not give us the best results.

Special Offers!

(For NEW subscribers residing in the U. S. ONLY).

Send $3.00 and receive the Critic & Guide for 4 years and Therapeutic Medicine for 1 year. This is the most advantageous offer to you.

Send $1.00 and receive the Critic & Guide for 2 years — until January 1910.

Send $2.00 and receive the Critic & Guide and Therapeutic Medicine for one year; send $2.50 and receive the Critic & Guide, Therapeutic Medicine and Altruria for one year.

The American Journal of Urology, Venereal and Skin Diseases is $2.00 net, payable in advance,—and there are no complimentary copies either. But for a limited time it will be sent to any Critic & Guide subscriber for $1.50. And so if you want this journal also, add $1.50 to any of the above offers. (No sample copies).

THE STORY OF ROSE AND EDWARD. This pathetic little story by the Editor, which has made such a stir and has been reprinted in so many medical journals, will be sent free to any paid-up subscriber, old or new, on request.

Therapeutic Hints. Queries and Answers.

HOW TO MAKE THIOSINAMINE SOLUBLE.

Here is a good point for you. Thiosinamine is considered to be useful in keloids, cicatrices, strictures, deafness. It is most effective by hypodermic administration, but unfortunately it is but slightly soluble in water. It can be dissolved in a mixture of alcohol and water, but the hydro-alcoholic solution is painful. Michel of Paris discovered that antipyrine is an excellent solvent-adjuvant for thiosinamine and has elaborated the following very satisfactory formula:

Thiosinamine	15.0
Antipyrine	7.5
Distilled Water	100.0

We thus have a 15 per cent. aqueous solution of thiosinamine; an injection of this causes neither pain nor irritation.

* * * * *

Oil of cajuput tho official in the U. S. P. is but little used in this country. This is a pity as it stands at the head of the carminatives. It will relieve colic and flatulence quicker than any of the other aromatic oils. Five drops is usually sufficient as a dose, tho it may be given as high as 10 and 15 drops.

* * * * *

The writer is very partial to Cinnamon—Ceylon cinnamon particularly. It is certainly an excellent appetizer, digestant and carminative, and we think there is some ground for the faith of those who believe that an abundant use of cinnamon will keep off infectious diseases.

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If we were asked to name the three best hemostatics in pulmonary hemorrhage, we would mention: morphine, atropine and amyl nitrite.

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Euscopol is a fancy name for optically inactive scopolamine hydrobromide. It is claimed to possess advantages over the scopolamine of commerce.

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We can say nothing from personal experience as to the value of methylene blue in cancer, but as the drug has the positive endorsement of Jacobi, it should certainly be given a trial. Give it in doses of 1 to 3 grains, with small doses of extract of belladonna, in capsule form.

* * * * *

The most soluble salt of morphine is the acetate. It is about 7 times more soluble than the sulphate or hydrochloride. But the trouble is that on exposure it becomes slightly decomposed and is then not entirely soluble. The solubility can be easily restored on the addition of a drop or so of acetic acid.

Alsol is chemically aluminium aceto-tartrate. By some it is considered superior to the aluminium acetate or Burrow's solution.

* * * * *

Oleum Rusci muscoviticum is the true Russian oil of birch. It is entirely different from the Dutch and German oils of birch and is much superior to oil of cade. The reason that in many skin diseases we fail to get the results which are expected from the true oleum rusci is because the oil in this country is generally adulterated, or different oils are substituted for it.

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Piperine cannot be regarded as a true alkaloid, because it does not form acids with salts.

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The laxative property of phenolphthalein was discovered entirely by accident. And so was the sweet taste of saccharin. In our discoveries we owe almost as much to accident as to design. But in order to utilize an accident properly one must not be an ignoramus.

Dr. O. L. A good asthma paper is prepared as follows: Take one ounce of potassium nitrate (salt-petre) and dissolve it in five ounces of water. Take ordinary filter paper, cut it into strips of any desirable width, dip into the saltpeter solution and allow to dry. Then dip the same strips into tincture of belladonna and allow to dry. When wanted for use, ignite and inhale the smoke.

Dr. W. B. We are aware of the fact that every now and then barium chloride is recommended for heart disease, but we prefer to leave it alone. There are better and surer drugs for cardiac troubles.

SQUIBB'S MATERIA MEDICA. The famous house of Squibb was established just 50 years ago and in celebration of the golden anniversary E. R. Squibb & Sons (78 Beekman St., New York) have published a new edition of their Materia Medica. It is a remarkably handy book, containing a complete list of the U.S.P. and N.F. preparations together with non-official drugs and new remedies in general use. With each item are given the Latin and English names, synonym, physical and chemical properties, doses, therapeutic indications, etc. The book contains 400 pages and is excellently printed. A copy of it will be sent free to any physician or pharmacist making the request and mentioning the CRITIC AND GUIDE.

The formulas that are printed in some medical journals are often positively rank: chemical absurdities, pharmaceutical impossibilities, therapeutic monstrosities. Every formula that is printed in the Critic & Guide may be relied upon, for it is examined carefully for any incompatibilities. Isn't it worth while to subscribe for a journal that CAN BE RELIED UPON?

We wish to educate our subscribers to remit $3.00 for four years instead of $1.00 yearly. It is not much more difficult to remit $3.00 than it is $1.00; you save 25 per cent and you have it off your mind for four years, while we are also satisfied. We do NOT like to have to send bills.

Ten dollars pays for the Critic & Guide for life. We want thousands of life members. Elbert Hubbard has them—why can't we? Are the medical and pharmaceutical professions poorer than the laity?

For the benefit of our new subscribers we will say that we try to answer every letter. But there are times in the year when we get as many as a thousand letters a week requiring a personal answer; and you must therefore have patience. Always enclose one or more stamps. Also remember that it is not such a rare thing for a letter to get lost—either your letter or our reply may go astray. And therefore if you get no reply within a reasonable time, come at us again.

And we will add that non-subscribers have no claim whatsoever upon our time, labor and humble knowledge.

We have nothing to sell, nothing of our own to advertise—and therefore if you want the Critic & Guide, you must pay for it. It is worth its modest subscription price; some subscribers—most of them—say it is "more than worth it."

If you fail to receive a copy of the Critic & Guide, notify us during the current month and you will receive another copy free. We are anxious you should have complete volumes of the journal.

Some readers in requesting information on some item in the Critic & Guide tear out the page on which the item appears. This seems to us rank barbarism. A journal like the Critic & Guide is worth while preserving and binding at the end of the year. The volumes of the Critic & Guide grow in value the older they get. Some offer as much as $10.00 for the earlier volumes, but can't get them.

The Critic & Guide for 1903—$20.00; for 1904—$5.00; for 1905—$5.00; for 1906—$3.00; for 1907—$2.00; for 1908—$1.00. But we much prefer $3.00 for 4 years.

Send 25c and we will send you 10 back issues of the Critic & Guide, no two alike.

Remember we have nothing to sell, no axes to grind, nothing of our own to boost, nothing to advertise. We have no bias, no animus against anything or anybody. Our only object is to give you an interesting, valuable and truthful journal. And if you want such a journal you must pay the modest subscription price asked for it.

Physicians and pharmacists are often interested in certain pharmaceutical or chemical points—how to put up a certain prescription, how to avoid an incompatibility, etc. By writing us they will obtain authoritative information. If you wish a reply by mail enclose stamps.

There is not a single product advertised in the Critic & Guide which is not worthy of the fullest confidence or at least of a careful trial at the hands of the profession.

"There is a certain something in the Critic & Guide which is peculiar to it alone and cannot be found in any other medical or pharmaceutical journal. And it is the only journal, I find, which is read with equal interest by both physicians and professional pharmacists." A. N. Mason, Ph. G. M. D.

LIQUID SOAP.

By M. I. WILBERT, Philadelphia.

Being desirous of securing a liquid preparation of soap with a minimum of alcohol a series of experiments was inaugurated that resulted in the apparent discovery that a mixture of soda and potash soaps is much more soluble in water and much more stable, in any given dilution, than either one of its constituents.

Elaborating on this discovery, we have a formula that produces a uniformly satisfactory product, and one that made from purified cottonseed oil will not cost more than fifty cents a gallon, buying in quantities such as an ordinary retail druggist would be likely to use.

The formula now in use is as follows:

Sodium hydrate	40 Gm.
Potassium hydrate	40 Gm.
Cotton-seed oil	500 Cc.
Alcohol	250 Cc.
Distilled water, a sufficient quantity to make	2500 Cc.

In a suitable container, preferably a glass-stoppered bottle, dissolve the potassium hydrate and the sodium hydrate in 250 Cc. of distilled water, add the alcohol, and then add the cotton-seed oil in three or four portions shaking vigorously after each addition. Continue to agitate the mixture occasionally, until saponification has been completed. Then add the remaining portion of distilled water and mix.

The only precautions that are at all necessary is to use U. S. P. grade of ingredients, and to be sure that saponification is complete before adding the remaining portions of the distilled water. The water used must be absolutely free from soluble salts of the alkaline earths or the heavy metals and for this reason should be, preferably, freshly distilled.

TWO EXTERNAL ANTISEPTICS.

By JOHN T. HARBOLD, Philadelphia.

The following preparations I have been dispensing for nearly four years at the Pennsylvania Hospital, and they have given entire satisfaction to all who have had occasion to employ them.

ANTISEPTIC GLOVE LUBRICANT.

On entering upon my duty as apothecary at the hospital I was frequently asked by the surgeon on duty to procure for him some lubricant that would facilitate the putting on and removal of rubber gloves. As there are numerous preparations of this kind on the market, and as it invariably happened that no two surgeons agreed in their choice of a variety, I was obliged to add to my stock of preparations continually, and encounter annoyance from time to time thru the delay of the wholesaler in supplying special preparations when same were not carried in stock. To avoid this inconvenience, I made up the following standard preparation, which we have used exclusively ever since. In the use of this preparation we have overcome the delay and annoyance, made use of our laboratory, and have a far more economical product.

Following is the formula which may be modified to suit the various needs:

Tragacanth	1 ounce.
Boracic acid	4 drams.
Formaldehyd	1 dram.
Oil gaultheria	5 drops.
Oil rose geranium	3 drops.
Alcohol	4 ounces.
Water	24 ounces.

Dissolve the tragacanth in water, in which the boric acid had previously been dissolved. Dissolve the oils in the alcohol, and add this solution portion by portion, to the mucilage of tragacanth, shaking the mixture after each addition. Then lastly add the formaldehyd.

The above preparation is non-greasy, non-irritating, smooth, of perfect consistency, and may also be used to lubricate surgical instruments, catheters and sounds.

HAND AND TOILET LOTION.

This latter is non-sticky, non-greasy, and non-irritating. It is bland and smooth, and of perfect consistency, requiring no shaking before use, and has antiseptic properties as well.

Tragacanth	2 drams.
Quince seed	15 drams.
Borax	6 drams.
Boric acid	8 drams.
Glycerin	10 ounces.
Alcohol	10 ounces.
Perfume, q. s.	
Color, q. s.	
Sodium benzoate	3 drams.
Boiling water	5 pints.
Water, q. s.	8 pints.

Dissolve the tragacanth in two pints of water, stirring until dissolved, or becomes a homogeneous mixture. Steep the quince

seed in the boiling water for four hours, stirring frequently; then strain carefully. Dissolve the borax, sod. benzoate, and boric acid in the remainder of hot water. Add the perfume and glycerin dissolved in the alcohol, and finally the tragacanth and quince-seed mucilage, which had previously been mixed, portion by portion; shaking after each addition, in order to get a thoroly homogeneous mixture. The consistency may be varied by addition of water.

This is not only a highly satisfactory preparation, of which we use more than thirty gallons annually; but it can be made more economically than the benzoin, glycerin and rosewater mixture, which even when made with hot water, more or less of the gum is precipitated, making an inelegant and unsightly mixture.

THE U. S. P. AND N. F. PROPAGANDA.

At a recent meeting of the Manhattan Pharm. Ass'n, Dr. Muir described in detail the work that was being carried on in Brooklyn by the Kings County Pharmaceutical Society.

The plan was described by Dr. Muir substantially as follows: A physician in good standing, who is a member of the Kings County Medical Society, was engaged at a moderate salary to do the detail work, devoting only a certain proportion of his time to it. Under the arrangements made with this physician he is to make a certain average number of calls per week on physicians, is to call on all the druggists in the territory in which he happens to be working, explain to the druggists the character of his work, ascertain whether the druggist is or is not a member of the Kings County Society and if he is not a member endeavor to secure his application for membership. In addition to his weekly salary the canvasser is given $2, the initiation fee, of all members whose applications he secured. The physician carries with him a set of five samples consisting of two ounces each of four liquid preparations and half an ounce of an ointment. The preparations now being distributed are: Emulsion of cod liver oil with wild cherry, elixir of gentian with glycerin, alkaline antiseptic solution, compound elixir of pepsin and compound resorcin ointment. It is expected that at the present rate six months will be required to cover the whole of Kings County. When this has been done the field will be gone over again with a different lot of samples. The physician presents to each doctor whom he calls on one of each of the samples, describes the work which is being done by the society, urges the physician to co-operate in this work, gives the doctor a copy of an address on The Physician and the Pharmacist which had been read before the Kings County Medical Society by Prof. William C. Anderson, a circular letter from the society and if he betrays any interest whatever in the work presents him with a copy of the "Physician's Manual of the Pharmacopoeia and the National Formulary" published by the American Medical Association.

The physician then calls on the pharmacists of the neighborhood, exhibits the samples, gives the list of the preparations which he has been talking up specially, and thus gives the pharmacist an opportunity to prepare these particular N. F. preparations in case he should receive prescriptions from any of the physicians who have been called upon.

Dr. Muir said that the physicians were, as a rule, very glad to listen to the canvasser, that they took an intelligent interest in the propaganda and that observation showed immediate results in the prescribing of the remedies, samples of which were distributed. The fact that the detail man was a physician in good standing and a member of the Kings County Medical Society and that the Manual was published by the American Medical Association insured him a sympathetic hearing by the doctors on whom he called. But, said Dr. Muir, "the principal difficulty is with the pharmacist himself. After we have taken the trouble to get the doctor to prescribe N. F. preparations we have had pharmacists telephone to the subscriber asking whether he might not substitute some proprietary preparation for the particular N. F. preparation called for!" Physicians who had ordered the liquor antisepticus alkalinus of the National Formulary found that the liquor antisepticus of the Pharmacopoeia had been dispensed instead.

Dr. Muir said that the druggists of a certain type showed a tendency to fall into the dangerous error of buying factory-made N. F. preparations. In these, as in the U. S. P. galenicals, each manufacturer would endeavor to convince the physicians that his own make was preferable to that of any other and he would soon have physicians ordering "liquor antisepticus alkalinus, N. F., P. D. & Co.," and "unguentum resorcini co. S. & D." The result of this would be that druggists would merely have to add another set of preparations to their stock so as to cover all of the popular makes. He said that growling would not help and it was folly of the druggists to antagonize the physicians. He knew of a case in which a druggist on receipt of a prescription for a proprietary preparation handed out the entire package, saying to the customer, "You might as well take this original package," thus conveying the intimation that the physician was prescribing a ready-made mixture. The growlers were the men who did not work to help the situation. The workers, and he was glad to say there were many of them everywhere in pharmacy, were not the men who did the growling.

Dr. Muir's address was received with enthusiastic applause.

Dr. Joseph Weinstein said that the druggists were really not prepared to reap the full benefits of this propaganda. This was an evil which should be corrected. He had known of a case where a druggist did not understand what the initials N. F. meant, in fact asked what maker they stood for. He differed with Dr. Muir regarding the purchase of N. F. preparations from

pharmaceutical manufacturers. Many of the pharmacists were not equipped to manufacture some of the preparations of the National Formulary, "beef, wine and iron" for instance required the use of a still which but few pharmacists possessed. He thought it much better for the pharmacist to buy the preparations of the National Formulary than not to have them at all. He believed that every effort should be made to discourage the purchase of ready-made preparations, but if the pharmacist could not make them himself it would be better for him to purchase them than to do without.

Prof. Lohmann, C. V. Bigelow and J. C. Gallagher also participated in the interesting discussion.

HOW NOT TO DO IT.

By Wilhelm Bodemann, Chicago, Ill.

One of the members of the Cass County, Indiana, Medical Society had prescribed for certain lung trouble; the patient received the prescription wrapped up in an advertisement of a certain patent medicine claiming boldly to cure all kinds of lung trouble; even when the most skilled physician had failed to relieve, this great and famous nostrum had worked instantaneously.

The Cass County Medical Society went on record, strongly opposing such unethical, unbusinesslike methods, and offered those druggists who were too poor to buy wrapping paper a year's supply of plain wrapping paper. That is the point I wish to make. Don't, don't, don't try to play hot and cold at the same time; don't lose time to go after the physician's prescriptions if you can't cut loose from boosting patent medicines on the wrapper you put around them. Just the same as a married man should not flirt with chorus girls—so should the decent pharmacist not dance to the music of the Patent Medicine Band.

If the pharmacist wants to be a barkeeper, let him take out a license and hang out a shingle as a saloon. Don't praise common rot-gut booze as the great cure-all for lung trouble, catarrh, stomach and bowel troubles and corns, and chilblains. Choose the road, Pharmacists.

If you want the doctors' favors be honest with them; don't say shine when you mean rain, and live so that you deserve their patronage, but don't think you can get their business by kicking them.—*Apothecary.*

THE QUIZ SYSTEM OF PHARMACY contains over 20,000 questions on Chemistry, Pharmacy, Materia Medica, Toxicology and Prescription Incompatibilities, *systematically arranged.* Contains numerous complete examinations from various Boards of Pharmacy. A splendid aid to any pharmaceutical student. 240 pages; bound in cloth. Sent *free* to anyone *enclosing* $1.00 for one year's subscription to the Critic and Guide (or $3.00 for 4 years). Make request for same with your remittance.

SHOULD HOSPITAL RESIDENTS BE GIVEN SALARIES?

By WILLIAM L. HOLT, M.D.

Hospital residents thruout the country with few exceptions receive no salaries. I have not heard of a single hospital in the city of Philadelphia which salaries its residents, and only one in the entire state, the City Hospital of Reading. I believe the system is the same in Europe, and, indeed, it is so long-established that we physicians rarely think of questioning whether it is right or just. If a bold resident has the temerity to ask a member of the staff of the governing board of his hospital whether he does not deserve a salary, the older man, who is doing about half as much work as the resident but earning a very good income, will shake his head with an air of reproving and final wisdom and say: "The hospital resident is paid amply for his work by the invaluable training and experience he gets. No young physician can afford not to get hospital training."

Let us consider the position of the resident for a moment and try to decide whether he really is "amply paid" for his services. First then, what sort of work does he do? Skilled or unskilled? Of minor or of great importance to the community? For short and regular hours or for long and irregular ones? Is there much responsibility? Finally, has the education for this work been short and inexpensive or long and expensive? Answer these questions, and each answer gives an additional reason for a high valuation of the resident's services. Can any man with any sense of justice deny that the labor of such a man who has spent thousands of dollars on his education, does work of the greatest possible importance to the community and has a large degree of responsibility of life and death, is worth more than that of a skilled mechanic? Yet the hospital resident gets not a cent but his board and lodging while the skilled artisan gets three to five dollars a day. Is that not a glaring injustice, a patent absurdity?

But we have not yet disposed of the stock argument that the young doctor is paid by the invaluable training. The same plea was made to justify the old apprentice system in all trades. A boy was "bound out" as an apprentice (practically a slave) to a master for a term of years, even five or six, during which time he was obliged to work for the master without being paid a cent. Of course after a few months the apprentice did valuable work

for his master and was simply robbed of the full value of his labor. The public conscience long ago condemned this exploiting system, which indeed is very little if any better than chattel slavery, and it has been abolished in nearly all trades so far as I know. But it still persists in Medicine.

The only differences are that the medical apprentice is not "bound out" by his father to a master journeyman for five years but binds himself out to the hospital authorities for one or two years.

The experience argument has not a leg to stand on. Why, if every man who is getting "invaluable experience" from his work was given no pay or only half pay on that account, we should have a general strike to-morrow thruout the United States. Does a doctor cease to get valuable experience when he goes into private practice, or if not, why does he get fees?

There is no use in mincing words in this matter. It is might, not right that rules in this matter. The hospital resident gets no pay for the cold economic reason that the hospitals can almost always get medical graduates to work in them for nothing. And this is because there are more students than desirable appointments and the students compete against each other instead of cooperating as workingmen do and agreeing not to work for less than a certain sum. The hospital authorities just like the factory owner have the raw material, the patients, and the costly machinery, the scientific apparatus and laboratories, without which the worker is helpless; and just as the factory owner can dictate to the individual workman any terms he pleases, so the hospital managers can dictate now the terms they please to the individual students who apply to work in them. But just as the workingmen by forming a union forced the factory owner to consider their demands and have obtained them to a great extent, so the medical graduates by forming an association and agreeing not to accept a hospital appointment without a certain salary could force the hospital managers to grant them such a salary.

The present system is not only unfair to the residents; it also prevents hardworking men without capital or unwilling longer to be a burden on their parents from getting a hospital service at all. This is a cruel injustice, for these men have worked hard for their medical education and are most deserving of hospital training. If they could get a fair salary, they would not be unfairly handicapped in their competition with more fortunate men; and, moreover, the hospitals would thus secure the most industrious and conscientious residents.

Children's Hospital, Philadelphia, Dec. 17, 1907.

We have shown the above communication to the Superintendent of one of our most prominent hospitals and from his reply we abstract the following remarks: "Your correspondent is, of course correct in explaining the lack of salaried positions in hospitals on the principle of

supply and demand. But just so long as hospital service remains a coveted privilege, it will be useless to preach either trades-union principles or social ethics. The point of attack, in my opinion, is elsewhere. The first and real injustice is done by the medical colleges and by the community which tolerates their methods: medical education which is efficient should include, *must include adequate clinical instruction.* Nowadays it is the hospital, not the college, which makes the efficient practitioner. And the hospital makes the student pay for what it gives him.

The following passages from a paper by S. S. Goldwater, Superintendent of the Mt. Sinai Hospital are *à propos* of this subject. Dr. Goldwater is an authority on any subject connected with hospital management and his words must carry weight.

For the attending physician, who gives only part of his time to the work of the hospital, and who secures in return opportunities for study and teaching and prestige associated with these, there need be no question of salary; for the house staff, too, the professional rewards are surely commensurate with the sacrifices made; but medical men who devote all or a large part of their time either to executive work or to laboratory duties are entitled to be paid in money. This principle is rapidly gaining recognition; it is in accordance with it that salaries ranging from five hundred dollars to five thousand dollars per annum are now paid by the hospitals of New York to resident and non-resident pathologists and assistant pathologists. Similarly, we may note the addition of paid examining physicians to the staffs of Bellevue, St. Luke's, and other hospitals, and the payment of salaries to permanent resident physicians attached to the private wards of several hospitals in New York. . . . . *The rule may be laid down that those whose opportunities for earning a livelihood outside of the hospital are directly promoted by their hospital connection may reasonably be expected to give their service to the charity patients of the hospital without money return; while those whose hospital work interferes with the acquisition of private practice are entitled to remuneration in proportion to the sacrifice made and the service rendered.*

In building up a hospital organization the question of medical salaries must not be allowed to occupy too conspicuous a position. The form of organization adopted and the assignment of duties should have reference mainly to the functions of the hospital. *If the proper treatment of patients requires the creation of positions which exact much and give nothing in return, salaries will find their proper place as the work of the hospital unfolds.*

INTESTINAL ANTISEPSIS IN TYPHOID.

T. G. ATKINSON, M. D., CHICAGO.

Notwithstanding the assertion of some modern critics that intestinal antisepsis is a wild chimera, it has an enthusiastic endorsement and practical contribution from so sane and conservative a therapeutist as Yeo, of King's College, London. One of the most valuable items in his altogether valuable book on clinical therapeutics is the excellent prescription he gives for a general disinfectant for the bowels and blood in cases of enteric fever and similar intestinal infections. His formula is as follows:

Into a 12 ounce bottle put 30 grains of powdered potassium chlorate, and pour on it 60 minims of strong hydrochloric acid.

Chlorine gas is at once liberated. Fit a cork into the mouth of the bottle, and keep it closed until it has become filled with the yellow gas. To hasten this you must shake the bottle or stand it in hot water. Then pour water into the bottle, little by little, closing and shaking well at each addition, until the bottle is filled. You then have a solution of chlorine, some undecomposed potassium chlorate, hydrochloric acid, and probably one or two by-products.

To 12 ounces of this solution add 24 to 36 grains of quinine, and one ounce of syrup of lemon, and give half an ounce to an ounce every two, three or four hours, according to the severity of the case. Smaller and more dilute doses must be given to children.

Dr. Yeo believes that we have here a disinfectant which not only passes in part, unabsorbed, into the small bowel, furnishing an intestinal antiseptic, but is in part absorbed into the blood, thus acting as a general germicide.

At all events, the writer's experience with this mixture coincides with that given by Dr. Yeo, namely, that patients put *early* upon it never have thickly or dirtily coated tongues, are always much brighter and cleaner, and the fetor of the excavations is considerably reduced. Yeo claims the following advantages for it, all of which the writer corroborates:

(1) Modification of temperature, (2) maintenance of physical strength and intellectual clearness, lessening the need of stimulants, (3) Greater power of assimilating food, (4) Clean tongue, (5) Deodorization of stools, (6) More rapid convalescence.

NEW REMEDIES FOR 1907.

For many years it has been our slightly pleasant duty to report the new remedies introduced during the closing year. In the year that has just come to an end, fewer remedies have been introduced than during any other year in the past two decades. This is due to two facts: First, manufacturers have at last noticed that there is a limit to everything, that not only is our therapeutic armamentarium well-filled, but that there is an *embarras des richesses.* They have therefore decided to let up for a while. The second cause is the more critical attitude of the medical profession and the activity of the Council on Pharmacy and Chemistry, which has certainly acted as a deterrent to the introduction and duplication of mere mixtures.

Leaving out remedies that belong to the class of patent-medicines, and also those monstrosities which died a borning, we have the following new remedies introduced during the year 1907.

BLENAL. Santalol carbonate or santalol carbonic acid ester. Yellowish oily liquid, almost odorless and tasteless. Anti-gonorrheal.

BROMURAL. Monobromisovalerylurea. White crystaline powder, bitter taste. Slightly soluble in cold water, sol. in hot water. Sedative and mild hypnotic. Dose 5 to 10 grs.

CERIDINE. Said to be the active principle of yeast. Has aperient properties and is used internally in acne, etc. Dose 1½ grs. twice a day.

CHINOSOL. Potassium oxychinolin sulphonate. Yellow powder, saffron-like odor, very sol. in water. Powerful antiseptic and deodorizer. Externally in sol. of 1:5000 to 1:500; internally in doses of 1 to 5 grs. This product has been used in Germany for many years, but has only recently been introduced in this country.

CHOLOGESTIN. A cholagogue digestive containing sodium glycocholate, sodium salicylate, pancreatin, sodium bicarbonate in an aromatic vehicle. Dose: one tablespoonful.

CITROCOLL. Phenocoll citrate. Colorless crystals, sol. in w. Antineuralgic; dose 15-30 grs.

CORROSOL. A mercurial preparation for hypodermic use, claimed to be painless and non-irritating. It is said to contain succinate and cacodylate of mercury and either eucaine or novocaine as the analgesic agent.

CORYFIN. Ethylglycolic acid ester of menthol. Colorless oily liquid. In headache, migraine, rubbed on externally, coryza, pharyngitis (applied to the mucous membrane of nose or dropped in water and gargled).

CYSTOPURIN. Double salt of hexamethylenetetramine and sodium acetate.

ESCALIN. A paste of finely powdered metallic aluminium and glycerin, recommended by Klemperer of Berlin in gastric ulcer.

ESTON. Mono-basic aluminium acetate. See Subeston and Formeston.

EUSCOPOL. Scopolamine hydrobromide, optically inactive.

FORMESTON. Aluminium Acetoformate, basic.

FORMIDIN. Methylene disalicylic acid Iodide. Reddish yellow powder; used externally like iodoform.

LACTONE. Tablets containing pure lactic-acid bacteria and used now extensively for the preparation of buttermilk.

MEATOX. A very concentrated preparation of beef in fine powder form. Contains 75 to 85 per cent. of proteid.

MONOTAL. Ethylglycolic-acid ester of Guaiacol. Colorless oily liquid, faintly aromatic odor. Non-caustic and used externally, where guaiacol is indicated.

NOVASPIRIN. Methylene-citryl-salicylic acid. White crystaline powder, slight acidulous taste. Contains 62 per cent. of salicylic acid. Better tolerated than other salicylic preparations. Dose: 10 to 15 grs.

PERISTALTIN. Name applied to a new glucoside of cascara sagrada.

PROTIODE. Iod-ethyl-glycerin. Colorless crystals, sol. in w.

PYRACETOSALYL. Comp. of antipyrine and aspirin. Dose: 10 grs.

REGULIN. A combination of Agar-Agar and extract of cascara sagrada. Added to soups, etc., against constipation.

SUBESTON. Dibasic aluminium acetate. Used ext. in powder form.

TANNISMUT. Bismuth Ditannate.

TANNISOL. Methylene ditannic acid. Reddish brown tasteless powder. Astringent 2-8 grs.

TANNOTHYMAL. Condensation product of formaldehyde, tannic acid and thymol. Intestinal astringent, 5-15 grs.

THEOLACTIN. Theobromine-sodium and Sodium lactate. White powder, deliquescent, very sol. water. Dose 15 grs. Diuretic.

TYLMARIN. Acetylorthocumaric acid. Cryst. powder, sol. in water. Antirheumatic. Dose 3-10 grs.

VINOPYRIN. Paraphenetidin tartrate. White powder, sol. in water. Antipyretic, in migraine, etc. Dose: 10-15 grs.

We have compiled this list after a good deal of selection and elimination, but even of these 30 we feel that only about half a dozen may be considered permanent additions to our therapeutic armamentarium.

Conducted by I. BALCH LOUIS, *LL.B.*, of the New York Bar.

Introduction.

THE MEDICAL JURIST has been made a department of this Journal, as announced in the December issue, for the purpose of aiding and advising those engaged in the medical, and pharmaceutical professions relative to their legal rights and obligations in practice, of pointing out and emphasizing the risks and dangers that beset them and of helping them guard against legal pitfalls.

The need of this department is demonstrated by the great amount of controversy in which physicians, surgeons and pharmacists have so largely figured and upon which the law courts have been and are so frequently called to pass judgment.

The professions referred to, by their very nature, play a most important part in public affairs. To the physician is not only entrusted the health of the community, but often he is friend and counselor in time of trouble and distress. His relation to the patient is of the most confidential character. He is an important personage in perhaps one half of the great mass of civil litigation and criminal prosecutions thruout the country. His opinion is sought as an expert witness in will contests, wherein the disposition of large estates is frequently involved; often upon his opinion depends the life or death of one accused of crime. He figures largely in what is commonly known as "accident" litigation; and not seldom is he the central figure in suits for malpractice.

It is manifest therefore, that the physician and the pharmacist should be familiar with the law decisions which define the rights and obligations, the privileges and immunities, peculiarly applicable to them.

Appreciating the limited time at the disposal of the practitioner and the necessity of placing before him the most important of the law decisions in which he must necessarily be interested, THE MEDICAL JURIST will publish, briefly and explicitly, each month, a digest of such law decisions as are most essential for him to know.

In the necessarily limited space that may be devoted to this department, it will, perhaps, be impossible to report and comment on *all decisions* that may be rendered in the interval of time that elapses between issues; but the reports will be as much "up-to-date" as it will be possible to keep them.

The editor seeks to be in close touch with subscribers and invites appropriate suggestions and criticisms in connection with

this department, as well as such inquiries that will lead to a full and perfect understanding of the matters discussed herein. In other words the Editor is ready at all times to do everything in his power to accomplish in the most effective manner the purposes announced and to justify in the fullest measure, the institution of THE MEDICAL JURIST.

THE VALIDITY AND APPLICATION OF THE ANTI-SUBSTITUTION LAW.

Needless alarm has been expressed lest the Courts may declare invalid or may unduly limit the application of the act passed by the last Legislature which amended the New York Penal Code by making it a misdemeanor for any druggist to place any untrue lable upon "any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice" or to substitute or dispense a different article for or in lieu of any article "prescribed, ordered or demanded" or to "otherwise" deviate from the terms of a prescription, order or demand by substituting one drug for another.

This act is valid; and it is sufficiently broad in its terms to cover the substitution of one *proprietary* preparation for another, even tho both be substantially alike.

If it become necessary to defend this act in the Courts, the authority for its passage may be found in what is known as the "police power" of the State. The police power of the State enables it to preserve the health, morals, safety and public good by throwing around the personal and property rights secured by the law, such reasonable regulations and limitations as will require every citizen to use such rights in such manner as the public good makes necessary, (*People* vs. *A. Booth & Co.*, 42 Misc. Rep. (N. Y.) 321) and legislation intended and reasonably adopted to prevent an article being manufactured or sold in imitation or semblance of a well known article in common use and thus imposing upon consumers or purchasers, is valid. (*People* vs. *Biesecker*, 169 N. Y. 53). Under the police power reserved to the States they "may inspect and reject that which would be injurious to the public health or public morals and that which was designed to cheat or defraud the people." (*Crossman* vs. *Lurman*, 171 N. Y. 329.) In general, if the health, morality, safety or welfare of the public justifies the enactment of a law, it is valid. As an instance of this right, the United States Supreme Court in *Plumley* vs. *Massachusetts*, 155 U. S. 462, declared valid a statute prohibiting the sale of imitation butter, as tending to prevent fraud.

Medical attendance upon the sick has long been recognized as a necessity and in this State it is, in certain cases, a crime not to provide it (*People* vs. *Pierson*, 176 N. Y. 201). That the act under discussion tends to safeguard the public health by preventing the substitution of drugs, medicines,foods or preparations, admits, therefore, of no argument and for like reasons, it is valid.

That the act makes criminal the substitution of one proprietary article for another tho both be substantially alike, is also evident.

The current of authority at the present day is in favor of reading statutes according to the most natural and obvious import of the language without resorting to subtle and forced construction for the purpose of either limiting or extending their operation (*Waller* vs. *Harris,* 20 Wend. 555) and altho the act under discussion, being a penal statute, is to be strictly construed, yet its construction is to be governed by the rule that a statute penal as to some persons but generally beneficial, must be ***equitably*** construed. (*Sickles vs. Sharp,* 13 Johns. 497; *U. S. Tel. Co.* vs. *Western Union Tel. Co.,* 56 Barb. 46). In construing statutes the proper course is to start out and follow the true intent of the legislature and to adopt that sense which harmonizes best with the context and promotes in the fullest manner the apparent policy and objects of the legislature (*Manhattan Co.* vs. *Kaldenberg,* 165 N. Y. 1).

It is clear that the apparent policy and objects of the legislature in passing this act were to compel druggists to closely follow the terms of a prescription and to prevent as far as possible, even the slightest deviation therefrom. This is particularly evidenced by the provision of the statute that "except in the case of physicians' prescriptions" nothing therein contained shall be deemed or construed to prevent or impair the right of a druggist to *"recommend"* the purchase of an article other than that *"ordered, required* or *demanded"*, (note the absence of the term "prescribed") or to sell the same *with the knowledge and consent of the purchaser.*

Following the rules of statutory construction which declare that the intention of the Legislature must prevail, the conclusion is irresistible that our construction of this statute is correct and will be recognized by the Courts.

Whether or not it will, in great measure, remedy many abuses at which it is aimed, depends largely upon the vigilance of physicians and honest druggists in prosecuting offenders; that its scope is wide enough to effect the desired result, there can be no reasonable doubt.

"PRACTICING MEDICINE."

There have been several decisions by the Courts defining the "practice of medicine". One of the first of these decisions was rendered in 1906 by Mr. Justice Green, of the City Court of the City of New York, in an action brought to recover damages alleged to have been sustained by reason of an alleged false arrest and malicious prosecution.

The plaintiff had inserted an advertisement in a newspaper to the effect that she cured acute and chronic diseases. It was

conceded upon the trial that the plaintiff was not a duly licensed physician and had no right to practice medicine; but plaintiff urged that she did not practice medicine within the meaning of the Statute, and consequently, that her arrest for doing so was unlawful. She claimed that she did not treat nor examine the patient in question but simply gave her some alum and massage treatment.

The court charged the jury that the practice of medicine

> "is the exercise or performance of any act, by or thru, "the use of any thing or matter, or by things done, given or "applied, whether with or without the use of drugs or me- "dicines, and whether with or without fee therefor, by a "person, holding himself or herself out as able to cure dis- "ease, with a view to relieve, heal or cure, and having for "its object the prevention, healing, remedying, cure or alle- "viation of disease."

The jury apparently accepted the definition framed by the Court and rendered a verdict for the defendant.

The New York Legislature, in Chapter 344 of the Laws of 1907, defined the practicing of medicine for the purposes of the act, as follows:—

> A person practices medicine within the meaning of this act, * * * * who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, or physical condition.

It will be observed that there is a substantial difference between the City Court definition and the Legislative definition. Under the City Court definition, the person "exercising" or "performing" the acts mentioned would not "practice medicine" unless he held himself out "as able to *cure* disease, with a view to relieve, heal or cure" etc. Under the statute, however, two things must concur, viz.:

(1) A holding out—not as being able to *cure,* but as "being able to diagnose, treat, operate or prescribe" and

(2) The offer or undertaking to do so.

It is true that in order to come within either definition, the person must "exercise or perform" some act; but under the City Court definition, that act must be "with a view to relieve, heal or cure", whereas the statute includes an offer to *diagnose.* There might be cases where an incorrect diagnosis would cause the patient, in reliance upon the diagnosis, to forego treatment in cases where treatment is essential to a cure.

The Legislative definition seems, therefore, to be more reasonable and more effective in safeguarding the public health against the tricks and devices of "quacks," and follows substantially the views expressed by the New York Supreme Court in February 1907 in the case of *People* vs. *Alcutt* which will be discussed in a later issue.

Letters to the Editor

LETTERS THAT CHEER US ON OUR WAY.

Rutherford, N. J., November 2, 1907.

Dr. WM. J. ROBINSON, New York.

Sir:—A few nights ago a copy of your publication "CRITIC & GUIDE" came under my observation for the first time.

Perhaps it may interest you to know that I sat up until two o'clock in the morning perusing its pages, which contain some of the most humanitarian and progressive ideas that I have had the good fortune to read.

I rejoice to find a physician sufficiently erudite and courageous to rend asunder the garment of traditionary ignorance, exposing to the light of reason and moral responsibility the hideous result of humanity's abuse and perversion of Dame Nature's marvellous laws.

Not knowing whether or not I shall ever have an opportunity of personally expressing to you my appreciation of your splendid and much-needed work, I trust that you will accept these few words from the pen of a stranger who also believes that one of the final stages of evolution will be a cooperative commonwealth.

Very truly,

E. V. GAZELLA.

AN EDITORIAL IN THE MEDICAL TIMES, PHYSICIANS AND PHARMACISTS.

New York, December 20th, 1907.

TO THE EDITOR OF CRITIC AND GUIDE.

Dear Sir:— I have been a constant reader of your journal for something more than two years and am frank to say that I have been much pleased with your fearless way of saying things "in the way you want to say them without reference to what Mrs. Grundy will say or think."

I would like very much to see the matter I am about to submit to your consideration properly ventilated in your forcible style in the columns of "C. & G." and I believe that you are man enough to do it. I hope I am right in this as I will then be saved the trouble of making an effort to have the matter written up elsewhere.

Now to the matter which has caused the writing of this letter. Very recently there happened to come into my hands a copy of the December issue of the "Medical Times" with which journal you are doubtless familiar—in fact, you must have it among your exchanges. On page 370 of that issue my eye caught the closing paragraph of an editorial commenced on the

preceding page and entitled "A New Scheme." To say that I was astounded upon perusal of this paragraph is but faintly to express the sensation I experienced. Here it is in all its enormity, the underscoring, of course, being mine:

"Viewing the matter either as a business proposition or as a matter of ethics, we should advise any physician approached with such an offer to decline it. It would be better business and better *ethics* to seek out a local retail druggist and arrange for a commission on all business sent to him. By this means the physician can prescribe a larger range of drugs, *he will not be so likely to be found out and in many instances he can tell the patient that the prescription is expensive* and can *telephone* the *druggist before the patient reaches the store* so as to have an *extra price added to the regular charge.* .Moreover * * * * * * the doctor can *withdraw his patronage from any retail druggist who refuses to pay commissions* and can *tell his patients that that druggist is incompetent.* Even if all the available druggists should have foolish notions about paying commissions to physicians and should kick the doctors out of their pharmacies, he can buy his own stock of drugs * * * * * and can sell them to his patients for 'all the traffic will bear.' "

Pardon me if, in an effort to show you how this matter appears to me, I borrow and slightly paraphrase some of your own thunder, taken from Oct. 1907 issue of the C. & G. page 108:—

"Ponder this carefully. Note the elevating, inspiring language, the noble humanitarian sentiments. There is no attempt at concealment here, no pretext of any ideals. Beat it into the retail druggists' head that he can't have your business, unless he will pay you a commission and consent to put the price to your patients way up whenever you telephone him to do so. No matter how competent he may be, no matter how necessary his careful compounding may be to the welfare of your patients, let him know that unless he pays a commission and boosts prices at your suggestion, he cannot have your trade. Boycott him unless he accedes to your demands. Tell your patients that he is incompetent. Fine. Noble. Magnificent. Incomparable. Non plus ultra." And this from a leading editorial of a high class Medical Journal of New York City, now in its thirty-fifth volume,—old enuf to warrant one in the belief that its editor knows what sort of stuff the general Medical profession likes.

Now, sir, I trust that you will not treat this matter lightly, but will "ponder it carefully." Note how the ethics of the matter are brought in. Ethics! God save the mark.

Next to your good self, I am inclined to think that Dr. Frank Kraft of the "American Physician" could best handle this matter as it should be handled. It would seem that the Druggists' trade Journals would feel disposed to vindicate that trade from the imputations cast upon it by this editor, but they may lack the nerve.

I cannot comprehend how an editor of a reputable journal could put such matter in cold print, excepting under the theory that "whom the Gods would destroy, they first make mad."

Yours truly,

PRO BONO PUBLICO.

This letter well illustrates how dangerous it is to judge from "extracts". An extract read out of the context of an article is very often a treacherous thing. The Pope could be convicted of atheism by the means of extracts. Standing by itself the extract from *The Medical Times* editorial does look bad. But taken in conjunction with the entire editorial it is not half as bad as it looks. The editor of *The Medical Times,* who is a highminded physician, does not advise physicians to make any commission arrangements with druggists. The editorial merely states that as compared with the scheme which a certain manufacturing house proposes to physicians (to prescribe their specialties and receive shares as compensation, etc.), the retail druggist arrangement, bad as it is, would be preferable. W. J. R.

'Tis not for my own personal use nor for those who desire no children at all that I desire enlightenment in this direction; I want to lighten the burden of such poor women as Mrs. G. C. who has six children, the *first* of whom is now 8 years of age; Mrs. T. E. twenty-four years old with four children and again pregnant; Mrs. S. B. 18 years old, has two children, married less than two years and now pregnant; Mrs. —, but what's the use; the country is full of them. (All the above are in very poor circumstances.) Doctor, if there is a safe, harmless method of preventing conception, for the sake of these poor, suffering women, send it to me, or tell me where I can acquire the knowledge. Dr. W. G.

While I have been in practice but five years, I have met some cases that I feel justified in saving from a larger family. One mother of seven children came to me a year ago. I gave her the best method of which I knew. She is now pregnant. Another has just been confined. She has now four and none old enuf for school. She asks me as her family physician for a positive remedy. What am I to say when the best I know is a faulty method? Dr. J. R.

These are samples of letters which we receive by the *thousand.* Yes, that's exactly what we said: *by the thousand.*

POLLUTIONS AND SPERMATORRHEA. By Dr. William J. Robinson. The clearest and most concise brochure on the treatment of these troublesome disorders. The treatment outlined therein has proved remarkably successful in the hands of thousands of practitioners. Price 20 cents. Sent *free* to any *paid-up* subscriber, old or new, making the request.

Useful and Reliable Formulas.

SHAMPOO—SIMPLE, CHEAP AND GOOD

Tincture of green soap, U.S.P. 1 pint.
Potassium carbonate ..... 1 ounce.
Water.....enough to make 1 gallon.
Perfume. a sufficient quantity.

FOR REMOVING BLACKHEADS.

Precipitated sulphur .....1 dr.
Green soap .....1 dr.
Precipitated chalk .....1½ dr.
Zinc ointment .....1 oz.

Keep the skin well covered with this during the night and most of the blackheads may be washed out in the morning.

Another paste, which has been used with good results, has the following composition.

Kaolin .....4 parts.
Glycerin .....3 parts.
Acetic acid .....2 parts.

RICORD'S INJECTION.

Zinc sulphate .....1 part.
Lead acetate .....2 parts.
Tincture of catechu ..4 parts.
Tincture of opium and saffron .....4 parts.
Distilled water .....192 parts.

Dissolve the zinc sulphate in part of the water, the lead acetate in the rest, mix the solutions and add the other ingredients. Mark "Shake".

TOOTH PASTE

French chalk .....30 parts.
Soap .....15 parts.
Sugar .....15 parts.
Gum Acacia .....2 parts.
Berlin Red .....2 parts.
Oil of peppermint ....2 parts.
Glycerin .....8 parts.
Water .....8 parts.

The whole to be worked into a paste.

DISINFECTANT SOLUTION OF CHLORIDES.

Zinc chloride .....200 parts.
Aluminium chloride .100 parts.
Calcium chloride ... 50 parts.
Mercuric chloride .. 5 parts.
Water, to make ..10,000 parts.

THE TREATMENT OF ITCHING PILES.

The following ointments will prove efficacious in relieving the itching:

Cocaine hydrochl .....8 gr.
Menthol .....10 gr.
Petrolatum .....1 oz.

Apply externally and push up a small quantity into the rectum, after bathing the parts with cold water.

Calomel .....24 gr.
Menthol .....10 gr.
Belladonna ointment .....6 dr.

Use as above.

Where there is great protrusion of the rectal mucous membrane and an astringent effect is desired besides the antipruritic one, the following ointment should be used:

Gallic acid .....1 dr.
Powd. opium .....30 gr.
Menthol .....10 gr.
Cocaine hydrochl .....10 gr.
Petrolatum .....1 oz.

Use as above.

The general treatment is very important. Above all, the patient must not be allowed to become constipated; but care must be taken in the selection of a laxative. Aloes, or aloin, for instance, must not be given, because it irritates the lower part of the rectal mucous membrane. Calomel in small, repeated doses, solution of citrate of magnesia, and compound licorice powder are permissible. The last mentioned is particularly to be recommended. Injections into the rectum of cold water, with or without some medication, should form an important part of the treatment, and should be used whenever posible, both before and after each defecation. Used before, these injections soften the feces and prevent straining, which is so injurious in all varieties of piles; used after, they wash away any remnants of fecal matter, which would otherwise be a source of irritation. Some people find more relief from the injection of hot water. As to medicinal agents, the following are very useful: Witch-hazel (distilled), 1 part to 2 or 3 parts of water; alum, a teaspoonful to a pint of water; the non-alcoholic fluid extract, or glycer-

ite, of hydrastis, 1 oz. to the pint of water; the colorless extract of pinus canadensis, 1 oz. to the pint of water.

Heavy non-digestible food, or one leaving a large residue, should be avoided. Sitting and standing always tend to aggravate the disorder, while lying down or walking is beneficial. B -ring the above principles in mind practically every case of uncomplicated itching piles should be cured without having recourse to an operation.

BENZOATED CAMPHOR ICE.

Pure Lard	1½ oz.
Spermaceti	2½ oz.
Camphor	1 oz.
Expressed Oil Almond	1 oz.
Benzoic Acid	6 grn.
Oil Cajaput	10 drops.

Melt the lard and spermaceti; dissolve the camphor in the almond oil with gentle heat, and add to the melted fats. When nearly cold add the benzoic acid and oil of cajuput, and pour into molds.

EXCELLENT FOOT POWDER.

Salicylic acid	6 dr.
Boric acid	3 ozs.
Powdered elmbark	1 oz.
Powd. orris root	1 oz.
Talcum	36 ozs.

Put up in oz. boxes, or divide into po ..ers containing 30 grains each, putting 16 powders in a box.

FOR VENEREAL BUBOES.

Mercurial ointment	2 dr.
Belladonna Ointment	4 dr.
Ichthvol	2 dr.

Rub in well around the bubo, spread on a piece of lint, apply that and cover with cotton and oiled silk; repeat once a day. This is the very best application for a gonorrheal bubo, in the beginning stage. If seen early and the treatment carried out faithfully, most cases of gonorrheal bubo may be completely aborted, so that no puss will form and no cutting will be necessary.

ASTHMA POWDERS.

Powd. Stramon. Leaves	1 lb.
Powdered Saltpetre	3 oz.
Fl. Ext. Belladonna	2 dr.
Tincture Opium	2 dr.

First mix the powders, then add the liquids.

Powd. Bellad. Leaves	1 oz.
Powd. Hyosc. Leaves	1 oz.
Powd. Stramon. Leaves	1 oz.
Powd. Potass. Nitrate	1 oz.

LIQUID DENTIFRICE.

Powdered soap (castile)	3vi
Glycerin	3xii
Alcohol	3iv
Liquefied carbolic acid	m. v
Thymol	gr. iss
Oil of orange	gtt. x
Oil of cinnamon	gtt. iii
Oil of wintergreen	gtt. xv
Water to make	3xvi

COOLING OINTMENT.

Oil of cade	3i
Resorcin	3i
Zinc oxide	3ii
Bismuth subnitrate	3iv
Bals. peru	m. xv
Wool fat	3i
Petrolatum	3i

Very good for itching and in eczema.

OBSTINATE LEG ULCER.

Dr. A. N. P.—Clean the ulcer thoroly with green soap, then with peroxide; after, apply for three days a five-per-cent solution of potassium permanganate on gauze. Keep the gauze constantly wet and use the same strip of gauze all the time. After that finish up with ointment consisting of one dram aristol and nine drams of mother's salve (Unguentum Fuscum N F.). The leg should be kept in an elevated position all the time—if possible. If this treatment don't cure your patient's ulcer, nothing else will.

SOOTHING APPLICATION FOR BURNS.

Olive oil	10 drams.
Yolks of two eggs.	
Carbolic acid	10 drops.

A very soothing and efficient application in burns of the first degree.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1.00 - Single copy, 25c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. XI NEW YORK, FEBRUARY, 1908 No. 2

A PROMISE.

We promise our readers to make the CRITIC & GUIDE during the present year more unique, more interesting, more helpful and in every respect more valuable than ever before. We trust that at the end of the year ALL our readers will say, as many do now, that the CRITIC & GUIDE is the one journal indispensable to every progressive physician.

Polypharmacy versus Monopharmacy.

That indiscriminate and ignorant polypharmacy—the jumbling together of a number of ingredients producing chemical pharmaceutical, and therapeutic incompatibility—is to be condemned in the severest terms, goes without saying; but the anti-polypharmacy movement sometimes goes to extremes and threatens to prove deleterious to the interests of patients. Judicious and enlightened polypharmacy is a boon and a blessing. There are very few remedies in our materia medica whose action cannot be improved or corrected by proper combination with synergetic or corrective agents. Let us take, for example, the compound cathartic pill. This official pill consists of eight distinct ingredients: extract of colocynth, aloes, cardamom, resin of scammony, soap, calomel, extract of jalap, and gamboge. There is but a very small dose of each ingredient; nevertheless we obtain an efficient cathartic, operating practically without any pain or griping, and on the entire alimentary canal. If we wanted to administer a single ingredient only we would have to use a dose much exceeding the *aggregate* dose of all the ingredients, there would be much griping (in the case of colocynth, gamboge, and scammony), and the effect would be directed only to a portion of the alimentary canal. Thus aloes acts principally on the lower intestine, calomel on the liver, etc. The same is true of our official compound vegetable

pill, consisting of ten ingredients. In short, it is a well-known fact that several purgatives, when judiciously combined, will produce the desired effect in a much smaller dose and with less disturbance than could be accomplished with a single ingredient.

Another illustration. Antipyrin phenacetin and acetanilid are reliable and certain antipyretics. Unfortunately they sometimes have a depressing effect on the heart. Judiciously combined with caffeine or camphor, this depressing action is to a great extent overcome. This is, of course, polypharmacy; but will anybody deny that such polypharmacy is superior to monopharmacy?

There is another curious fact. As there are people who, while priding themselves on their total abstinence, consume proprietary nostrums containing 25 to 60 per cent. of alcohol, so there are physicians who are opposed to polypharmacy theoretically, while practicing it right along. A physician recently criticized as polypharmacal a prescription containing codeine, ammonium chloride, and syrups of senega, squill, and wild cherry. "I prescribe simple things for a cough," he said, "a little paregoric with hive syrup, or a little brown mixture." A "little paregoric with hive syrup" consists of ten ingredients; a "little brown mixture" contains seven—or, counting the constituents of the camphorated tincture of opium, twelve—separate ingredients. Not so very monopharmacal, is it?

Fads.

A fad is either an amusing or a dangerous thing. Whichever it is, it invariably warps the judgment of its followers, distorting the proper proportion and relation of things, unduly magnifying the importance of some and minimizing the value of others. If a fad is simply amusing, it might as well be left alone. There is no indication or even justification for pricking the pretty soap-bubbles with which children—some people remain children all their life long—like to amuse themselves; but when a fad is likely to prove harmful, then it becomes the duty of all clear-thinking men to knock it on the head. And we never miss an opportunity of doing so, as our readers well know.

Brutal Truths.

In our January editorial we referred to the therapeutic value of a hopeful prognosis and the injurious effect of a hopeless one. The following extract from *Success* expresses our idea in a forceful manner:

"Many people are killed by brutal truths. Some physicians are so conscientious—and so tactless—that they think they must tell patients the whole truth when they believe they can not recover, instead of giving them the benefit of the doubt, for every physician knows that, nearly always, there is a doubt which way the case will turn. Cheerful encouragement has saved many a life by helping it to pass a crisis favorably when the actual truth might have killed the patient or reduced his rallying powers to

the danger-point. In all the affairs of life, cruel bluntness in stating brutal facts has caused untold misery and broken many friendships. Truth itself changes from a jewel to a dangerous weapon in the hands of a tactless person."

That Starch and Glucose Tablet.

At a recent meeting of the Philadelphia Branch of the A. Ph. A. Mr. Bok told of a tablet "largely prescribed" supposed to contain "iron, peptonoid, (what is peptonoid?) and extract of nux vomica," which on analysis was found to contain nothing but starch and glucose. This story has to us a decidedly fishy odor. We don't believe it. We do not believe that any manufacturer not hopelessly affected with general paresis would put up a tablet of starch and glucose and claim that it contained iron, peptonoid (again, what is peptonoid?) and extract of nux vomica. The latter ingredients are not so expensive—they are dirt cheap—and the most elementary self interest would prevent the stupidest manufacturer from lying about such things. No, that tablet of Mr. Bok has a decidedly piscine odor.

How Long has Arsenic Been Known as a Remedy for Malaria?

At least nine out of every ten physicians are under the impression that arsenic as an antiperiodic is of comparatively recent therapeutic introduction. As a matter of fact, various combinations of arsenic were recommended and used in malaria long before cinchona was known (by Europeans) or thought of. It is about three hundred years since Melchior Friccius praised the drug as a remedy in intermittent fevers. He wrote: "Experientia nos docebit arsenicum in febribus intermittentibus adhibitum, omnes eas dotes possidere quibus optima remedia prœdida esse debent." And it was in 1786 that Fowler published his successful results with Fowler's solution as a febrifuge.

Is Tobacco Beneficial?

So much abuse has been heaped upon the head of Lady Nicotine that one would certainly be guilty of a lack of chivalry if he failed to register the good word that is occasionally said in her behalf. Dr. Dumon claims in a thesis that tobacco is of great use to medical men and those who come in contact with cases of diphtheria, tuberculosis, and influenza. He has studied the action of tobacco-smoke upon various organisms found in the mouth, and has come to the conclusion that it greatly retards the development of the germs of typhoid fever and tetanus. The experiments were made with definite cultures, and Dr. Dumon asserts with positiveness, that the vapors of nicotine and pyridine, which are produced by burning tobacco, do render the mouth more or less aseptic. The same observation has been made by dentists.

Treatment of Venereal Disease by Druggists and the A. Ph. A.

Comparisons are odious, but justice demands that we state, that of all the branches of the A. Ph. A. the Philadelphia branch is the most active, does the best work and has the most interesting programs. No subject could have been of greater importance than the one discussed at the meeting of February 4th, (a report of which will be found in this issue). The treatment of gonorrhea by druggists is a terrible evil, but we do not believe that it is done out of wickedness; it is done out of ignorance of the seriousness of the disease. We know a number of druggists, who, after the heavy moral responsibility they were taking was explained to them, refused absolutely to prescribe or recommend anything for venereal diseases. The decision therefore to have the papers read at the meeting reprinted in pamphlet form for distribution among the druggists is a most excellent one and has the cordial endorsement of the CRITIC AND GUIDE.

Another thought. All true, i. e. permanent reform must come from within, and it is pleasant to see that many high-minded pharmacists are devoting their energies to the eradication of evils within their own profession. Much better it should be so, than that the reforms should be *forced* from without.

What is the Cause of Epilepsy?

We need not hesitate to confess that the cause of idiopathic epilepsy is still shrouded in the same mystery that it was fifty years ago. Is it due to auto-intoxication? *Quien sabe?* The following case, referred to by Prof. Saundby, seems to point in this direction:

An epileptic patient fell over in a severe fit and burned himself extensively on the buttock, so that for several months he had a large open sore, about six inches in diameter. During that period he was completely free from fits, but when the wound healed the fits returned. A seton was introduced in order to produce another sore; the result was negative.

Another instance: Pope Pius IX, who was an epileptic, is said to have had an ulcer on the leg, which had to be artificially kept open because the healing of the ulcer was followed by epileptic fits.

Our Pharmacopeia.

In spite of its imperfections, our pharmacopeia is the best in the world, vastly superior to the German, Italian, Spanish, Russian, etc., pharmacopeias. Which goes to show that the work which is the result of free deliberations of free bodies is superior to the work of an irresponsible government commission.

THE AMERICAN PHARMACIST

The Philadelphia Branch of the American Pharmaceutical Association.

The stated meeting of the Philadelphia Branch of the American Pharmaceutical Association, held on February 4th, 1908, was devoted to a discussion of "The Responsibilities of the Retail Druggist in the Spread of the Great Black Plague." (Venereal Disease.)

The pharmacists of Philadelphia, appreciating the importance of the subject under discussion, were well represented and those present were amply repaid by the interesting nature of the information that was given them. With a view of reaching an even larger audience it was, on motion, resolved to collect the several communications and if practicable have them reprinted, in pamphlet form, for general distribution to pharmacists.

Dr. Henry Beates, Jr., the first speaker, discussed "The relation of medical practice acts to contagious and infectious diseases," and called attention to the generally accepted definitions of what is understood by "practice of medicine" and pointed out that the usually accepted right of "self-medication" is not permissible in cases of contagious or infectious disease, particularly when the health and even the lives of others may be jeopardized.

Dr. A. A. Uhle presented an exhaustive paper on "Gonorrhea, its nature, prevalency, recognition and treatment," in the course of which he quoted interesting statistics as to the prevalency of this disease and the time and money loss that it involves.

Dr. Uhle called attention to the ease with which this disease is spread and the difficulties which beset the diagnosis and the successful treatment of gonorrhea, even in the hands of physicians who devote all of their time to its study. In summing up his paper he asserted that gonorrhea is a really serious disease and one that is readily transmitted to the innocent as well as those guilty of sexual transgressions. Gonorrhea is clearly to be classed as being distinct from the minor ailments for which custom permits the retail druggist to sell a variety of drugs known as household remedies.

Dr. Uhle believes that the retail druggist's only excuse for recommending or selling remedies for gonorrhea is that he is unaware of the really serious nature of this disease, and his only warrant in doing so is that his preceptor did it before him.

Dr. E. E. Montgomery in opening the general discussion confined his remarks to the consideration of "The infection of the innocent and the suffering and misery that is entailed." He briefly outlined a number of ways in which innocent and unsuspecting persons might be inoculated with this dreadful disease and graphically portrayed the sufferings, more horrible than death, that are in store for a trusting woman who is unfortunate enough to be wedded to a man with a latent or chronic gonorrhea, the result, all too frequently, of the improper treatment accorded him at the hands of a retail druggist.

In concluding he asked whether, with such array of conditions that are possible as the sequelae of an improperly treated case of gonorrhea, any number of men would lower themselves by risking the happiness, health and even the lives of innocent persons for the meagre profit that might accrue from the illegal prescribing for diseases of this type.

Dr. Geo. E. deSchweinitz in speaking of "Gonorrheal ophthalmia and its relation to total and partial blindness" said that the pharmacist no less than the physician must on occasion assume the role of instructor, to prevent the unnecessary spread of disease, and to do this he must himself possess or seek the necessary information. The doctor then briefly reviewed the various types of purulent infections of the eye and called particular attention to the terribly serious nature of this condition.

He particularly warned retail druggists to refrain from selling eye lotions for sore eyes in new born babes, as this condition is almost invariably due to a gonorrheal infection of the mother, and, unless properly treated, is sure to result in total blindness. He asked his hearers to bear the possibility of blindness in mind and not to contribute, either directly or indirectly, to the increase of this horrible affliction.

Dr. Thomas Neilson spoke of "The more remote complications of gonorrhea in the male" and referred particularly to the difficulty of effecting a cure in a patient who had been improperly treated and was suffering from latent or chronic gonorrhea. He referred at some length to the possible complications that may result from autoreinfection and in conclusion assured those present that gonorrhea is indeed one of the most serious infections to which mankind is liable and while it is true that the gonococcus itself is not so deadly, the frequency of mixed infection, the possible complications and the resulting lowered vitality are all factors that make for continued suffering and not infrequently an untimely death.

Liquor Sales by Pharmacists Condemned.

At the meeting of the Manhattan Pharm. Association, held December 16, the members placed themselves on record as being distinctly opposed to the sale of liquor in the drug store. The following resolutions introduced by George H. Hitchcock, were adopted unanimously:

Whereas, It is the sense of the members of the Manhattan Pharmaceutical Association that the sale of liquors in drug stores does not tend to raise the standing of the professional pharmacist; and,

Whereas, The quantity of liquor *legitimately* needed in pharmacy is a negligible quantity; therefore, be it

Resolved, That we request the New York State Pharmaceutical Association to frame a law which shall forbid the sale of liquor, except on a physician's prescription, in any place where drugs and medicines are sold.

The Ohio Commissioner's Ruling.

Our Editorial "A Funny Food Commissioner" called forth the following letter from W. C. Alpers:

66 West 56th Street, N. Y.

Dr. Wm. J. Robinson:—In your last issue my eye happened to strike the article entitled, "A funny food Commissioner". I differ radically from you. One of the main reasons why the evil of substitution is so prevalent, is the fact that unconscientious druggists will label inferior articles with the official title, adding, perhaps in small letters such remarks as "One-half strength."

Honest pharmacists have for years, for instance, fought against the so-called weaker Tr. of Opium, which formerly was dispensed in a great many stores. The same subject was discussed at the last meeting of the New York branch of the American Pharmaceutical Association, and every one present, with the exception of one man, advocated the standpoint taken by the Commissioner of Ohio. The one man who opposed it, is known as a professional substitutor. It was he who advocated and tried to defend the use of wood alcohol in the manufacture of such preparations as Spirits of Camphor and Tincture Iodine.

In the interest of honest pharmacy and medicine, the standpoint should be taken that the names of preparations of the Pharmacopeia are names for fixed and unalterable preparations, and that they cease to be such in law, at least, if their strength is interfered with. The same rule should apply to them that applies to articles of food. If, for instance, butter is mixed with oleomargarine, it is unlawful to label the same "Butter, one-half strength." Your objections that such a decision would prevent physicians from ordering Tr. Iodine 5 per cent., or similar preparations, are not tenable. There is no law that forbids a physician from ordering what he considers right for the patient, or that prevents a druggist from filling such a prescription. Even when the sale of an article is entirely prohibited the law exempts the physician, distinctly by stating, "except on physician's prescriptions". I doubt, however, that a physician would ever order "Tinctura Opii, half-strength, oz. 1". By allowing the druggist to make tinctures of various strengths, and yet to label them by

the official name, is to open the door to the substitutor and deceiver. We have fought against this practice for years, and it is a wholesome sign that in many states, as in Ohio, such practice is now illegal. WILLIAM C. ALPERS.

ANSWER: The names of the articles in the Pharmacopeia are not copyrighted and trade-marked and do not stand for anything definite and unalterable. Hydrochloric acid U. S. P. means something definite and unalterable, but simply hydrochloric acid does not. If the Commissioner's ruling held good, why you could not go into a store and ask for and obtain a 2 per cent. hydrochloric acid. Nor could you obtain any article official in the U. S. P. but of the strength of the B. P., Ph. G. or French Codex. I have a patient who for certain purposes uses large quantities of Phenol ointment, 1 per cent. and Ointment of Red Mercuric Oxide, 1-10 of 1 per cent. He gets them without any prescription. Under the Ohio Commissioner's rulings he could not obtain these things in any drugstore. A drugstore dispensing them and labeling them truthfully would be criminally liable. Do you not see the absurdity of the thing?

That I am not alone in my position is seen from the fact that such a staid and conservative man as the editor of the *Midland Druggist* in the last issue (December) again maintains his attitude and points out the absurdities of the commissioner's rulings, while the commissioner lays it all on the attorney-general and says that he has nothing left to do but to follow the former's interpretation of the law.*

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*"We do not believe it is right to preempt a series of words belonging to the English language and preclude their use in any other connection but that in which the Pharmacopœia employs them. The ruling, if carried to a legal end, would entail considerable difficulty. In the objection which was pointed out in the MIDLAND, we used Spirits Camphor. That is an official title and wherever used the product should conform to the official requirements; but a variation of this official title is not an official name. For instance, "Spirits Camphor, Dilute" is not a name recognized in the U. S. P. and, therefore, a preparation so labeled need not conform to the requirements of that standard. To carry this a little further, let me ask how a druggist would label Hydrochloric Acid of 20 per cent. The pharmacopoeia recognizes two acids, "Hydrochloric," which is 36 per cent. and "Hydrochloric Acid Dilute," which is 10 per cent. Now, suppose for some special purpose you wish an acid of 20 per cent. strength; what would the druggist label the package? According to your ruling, he could not call it Hydrochloric Acid at all, and if it was not that, what could it be called, and how should it be labeled? To send it out without a label or descriptive name of some sort, would be a very dangerous thing to do, and in just such cases as this the ruling seems to us to entail a hardship which is called for."

As a physician who has seen some funny and some tragic results following substitution or the dispensing of weak and worthless preparations I am more interested in the subject of inviolable and full-strength drugs than any pharmacist can ever be. But I am opposed to extremism of any sort and in this as in all things I pray for moderation and sanity.

Mr. Bok's Trouble.

The trouble with Mr. Bok and the would-be reformers of which he is a type is that they never hear of the evil they attack until it has been recognized, denounced and elaborate plans made for its extinction undertaken by those best qualified to bring about genuine and proper reform. After a large amount of energy, time and money have been expended Mr. Bok and his bumptious crusaders step into the limelight and assume the role of discoverers of the evil and insist on an entirely new and wholly impractical campaign being started.

Had Mr. Bok's attack on the doctors been made two or three years ago, and his onslaught on the drug trade eight or ten years ago, he might then, with some regard for the facts and proprieties, have been accorded recognition as something other than a busybody and an intemperate agitator.

The doctors and druggists have commenced the good work of professional housecleaning and they will continue until it is finished.

Pharmaceutical nostrums will be sooner or later weeded out of medical practice just as proprietaries that are not properly classed as safe family medicines will soon find their way to oblivion, now that the intellects and consciences of the medical and pharmaceutical professions are aroused (without Mr. Bok's aid, be it said) on the subject.—*N. A. R. D. Notes.*

DEAR SIR:

At the recent Annual Meeting of the American Pharmaceutical Association the following resolutions were adopted:

WHEREAS: The American Medical Association, the American Pharmaceutical Association and the National Association of Retail Druggists together with many State and local organizations and journals in both professions have been for some years endeavoring to bring about a return to the practice of medicine based on the Pharmacopeia, and

WHEREAS: The medical colleges are represented on the Committee of Revision of the U. S. Pharmacopeia, and

WHEREAS: It is manifest to the thoughtful men both in medicine and pharmacy that a very large number of medical men might be better informed regarding the Pharmacopeia as a book of reference and standards. Be it therefore

RESOLVED: That it is the sense of the American Pharmaceutical Association in convention assembled, that a great advance in the ethical practice of medicine and pharmacy will be made when the medical colleges make the Pharmacopeia a prescribed text-book or book of reference and require a familiarity with it in their examinations.

RESOLVED: That the General Secretary be directed to transmit a copy of these resolutions to each medical college in the United States and to the medical and pharmaceutical press.

Pharmacists and the N. F.

Pharmacists should know their National Formulary better than they do. A physician prescribed: Solutio Calcis Sulph. (Vleminck). The druggist didn't know what it was. He sent around to two druggists and they didn't know. He telephoned to his wholesale house and they didn't know. We were called up for information and we told the druggist to look into his N. F. under Liquor Calcis Sulphunatae. He thanked us, but after all, we learned, he returned the prescription, because the formula was too complicated.

A Physician's Unjustifiable Slur on a Druggist.

If a physician prescribes rectal suppositories containing 1/8 gr. of morphine in a severe case of acute prostatitis and the patient complains that he failed to get the slightest relief, why should the physician say that it is "probably because the druggist didn't make the suppositories right"? Why? It is not the druggist's fault that the physician did not know that such a case required at least 1/2 grain of morphine, and also a good dose of extract of belladonna. Why, in order to save one's own skin, cast aspersion on an honorable pharmacist. It is such unpardonable statements that prevent the establishment of cordial relations between the two professions.

The Pharmacist and Patent Medicines.

Pharmacists, if they wish to pose as professional men, cannot longer avoid their responsibility in connection with the sale of so-called proprietary remedies. They should collectively, and if this is not practicable, they must individually inquire into the nature and composition of the remedies they dispense. If found to be harmful, or not as represented, they can no longer shirk responsibility by hiding under the time-worn excuse that the public demands them, and the public demands must be supplied—M. I. Wilbert, in A. J. P.

Formula for Toilet Ammonia.

I. V. S. Stanislaus, (The Apothecary) states that for toilet purposes ammonia should not be over six per cent in strength. It is customary to color these ammonias either green or purple, and they are perfumed generally with rose or violet. Perfumes of the synthetic variety answer the purpose much better than the natural products. Dr. Stanislaus offers the following formula:

Stronger ammonia water, 30 fl. ounces.
Distilled water, previously boiled and cooled, 98 fl. ounces.
Compound tincture of vanillin, N. F., 1 fl. ounce.
Oil of geranium 10 drops.
Dissolve in this solution:
Potassium bichromate, 120 grains.
Add a few drops at a time:
10 per cent solution of Prussian blue with constant agitation until a delicate green color is obtained. This color is permanent.

We learn there is a great scarcity in copaiba and therefore the drug is very much adulterated with gurjun balsam, castor oil etc. Some specimens contain as much as 50 per cent of castor oil. It's too bad, but we can get along very well without the drug altogether in the treatment of gonorrhea. We have not prescribed it in 10 years.

Editor CRITIC AND GUIDE: The N. A. R. D. Notes of December 19th prints the following:

NEW INDIANA DRUG LAW.

The new state food and drugs act of Indiana is now being vigorously enforced by the State Board of Health, the State Board of Pharmacy unfortunately having no part in the administration of the law.

It is stated by one of the state officials, however, that "there will be no wholesale confiscation of goods found in stores that do not conform to the requirements of the law.

Inspectors are canvassing the drug stores of the state and giving druggists instructions regarding methods of dealing with goods that are prohibited or misbranded.

A prominent N. A. R. D. man at Indianapolis writes: "The officials seem to be disposed to favor the druggists all they possibly can." This is assuring news.

And still some Board of Pharmacy politicians are "hollering" that for the druggists' protection (?) the enforcement of the law shall be in the hands of the Board of Pharmacy, not in the hands of the Board of Health or federal officers. Can a Board of Pharmacy show such fair, considerate action towards the druggists as the inspectors have?—J. C., Pharmacist.

Leading Articles

Sexual Continence.

By JAMES P. WARBASSE, M.D.,

Editor N. Y. State Journal of Medicine.

"Regarding an editorial that appeared in the April, 1906, number of the Journal on Sexual Morality, I desire to say that I heartily agree with all that it contains. I do, however, wish to ask a question or two concerning some points of the subject not touched upon. May I ask what are you going to advise for the unmarried man who has a passion for sexual indulgence and is desirous of stopping the habit and leading a decent life—a man to whom every suggestive look from amorous women, every lascivious picture he sees, and the subtle influences that meet him on every side, all conspire to inflame his senses and fire his blood? What shall we do for him?

"You may say to the unmarried man to find a wife. There may be good reasons why he should not get one. How shall we treat such a patient that he may not be disturbed by vain longings by day and erotic dreams by night? I grant you that the proper teaching of the child early in life will help to enable him to control his sexual nature, but what about the man who went into the world in ignorance and learned all that he knows of sexual matters from his companions?

"It is all very well to preach along the line you do—lots of men do not care enough about sexual indulgence to be bothered by the matter—but there are many who see the error of their habits, who desire to reform, and to whom this means the fight of their lives. What do you say for them"?

The author of this communication is a physician of a high degree of intelligence, who should be able to answer these questions himself. If there is any one who should be familiar with this subject in a practical way, in contradistinction from a sentimental way, it is the physician. Inquiries of a character similar to the above have been received, and this opportunity to elucidate the subject somewhat further will be taken advantage of.

The best interest of the individual, of the home, and of society, demand that man shall cohabit with none but his wife. In other words, if a woman is not his wife he shall not cohabit with her. This is a simple rule; it will stand the test of analysis; it is easy to remember; and should be taught, along with the reasons for it, to every boy and girl who reaches puberty.

Every infringement of this rule makes for ill. The penalties and dangers in its violation I should enumerate as follows. They are:—The moral and social degradation of a woman who other-

wise would live rightly; the danger of causing disease in such a woman; the encouragement by example of a practice which stands preëminent as the great cause of social unhappiness; the subtraction of just so much joy and devotion from the woman who should or will stand in the proper relation of wife; the possibility of the propagation of illegitimate children; the strong probability of contracting venereal disease; the danger of transmitting physical or moral blight to one's offspring; the development of vicious habits; the cultivation of immoral society; the wasting of time and energy in unprofitable company; the social harm to one's self and family; the mental and moral harm which springs from acting in secretiveness and shame; the contracting of the concomitant vices which go hand in hand with venery for venery's sake; and the postponement of the organization, or the weakening of the strength, of the most potent factor in the solidarity of society—the home. These are strong reasons against extramarital sexual intercourse; and each is susceptible of most serious consideration. Moreover, to these should be added the fact that sexual intercourse is absolutely not necessary or even good for one's health: the suggestion that it is necessary is only repeated and passed along by the offenders who desire an excuse for their own laches.

Concerning the specific case in question—the man who practices what he knows is wrong and harmful—there is just one thing for him to do, and that is to stop. If he desires to correct his habits, but does not, and is much in a state of sexual excitement, then I should say that one or more of three things is the trouble: he is either suffering from idleness, the prime promoter of vice; his education and knowledge of the simple things are defective; or he has a mental defect which should receive consideration from the neurologists.

A man who has a serious hold on the essentials of life, and who is busy with useful work, as every man should be, whose mind is occupied with thoughts of wholesome interests, or whose time is consumed by his vocation, does not suffer the sexual dangers inherent in idleness.

Every man should have a knowledge of the anatomy and physiology of the sexual organs and he should be familiar with the meaning and dangers of venereal disease, and also with the objections of extramarital venery which I have already enumerated. If he is not, his education in the simple essentials is defective. The prudishness which deprives young men of this knowledge is decidedly immoral in its results. The Japanese, among whom men and women innocently bathe in the same pool, are free from prudishness and from the vulgar sense of suggestiveness at the sight of feminine curves, which characterize the ogleing occidentals. For the same reason a boy brought up among sisters has less of this pernicious prudishness which covets the side of hidden charms. Carlyle has said that the beginning

of wisdom is to look on clothes till they become transparent. The man to whose eye they cover a great and elusive mystery is not an educated man.

To answer the question, What is this man going to do about it? is as easy as answering the question, What is the thief who wants to stop stealing going to do about it? He should stop; and if he does not, he should receive the attentions which a mental defective merits.

As to the cure of the healthy man, let such a man, first, be busy; and, second, let him resolve upon the course which he desires to pursue. With fixed determination, a sane man can do about what he pleases. I know an unmarried man who has said to himself, I shall marry some day; somewhere in the world a woman is keeping her chastity inviolate for me; and I shall do the same for her. With this philosophy he dismisses the subject from his mind; the matter is disposed of; he does not bother his head with sexual debates; the question is settled; it can not come up for reconsideration; and he gives himself and his energy entirely to other matters. It is a splendid thing for a man to pronounce a final settlement upon an important question which otherwise might constantly recur and harass his mind. The man with a determined principle has clear sailing. A course of conduct then becomes easy. It is the unfortunate weakling who has decided his questions, and the man who does not want to decide them, who keep themselves in hot water.

Let these men in question make themselves healthy, live hygienically, discard vicious and harmful habits, and they will have taken the first step toward eliminating the physical sources of vice; let them have an understanding of the meaning of causes and effects; then let them purge their minds of lust, and establish in its place thoughts of better things and clearly defined principles; and the victory is won.

Race Suicide.

By Chas. E. Low, M.D., Pulasky, N. Y.

There is no class of people so abundantly able to appreciate the blessings of a family of children as that great class who already have them; and yet all these may not readily agree with our strenuous Mr. Roosevelt concerning the danger of race suicide in its effect on the ultimate condition of our body politic.

It is no doubt true that a large percentage of our parentage is more and more made up of a class of people who are the least assimilable in our form of government, and that their children will, as a result of such parentage, be less likely to appreciate the spirit of our institutions. This is particularly so as the influence of our native stock becomes less and less felt, on account of the decreasing number of children in our typically American families. Nevertheless, these factors may be compensated for by making the quality of our small truly American families make up for the

quantity of the larger ones, thus affording leaders of thought and action to maintain our ideals.

The great pity is, that those persons who are bound together by the ties of holy matrimony without enjoying the blessings of fatherhood and motherhood cannot appreciate the loss of that full measure of happiness to be realized in the mutual affection of parents and children, nor do they realize the cohesive power of parental and filial affection which offers such a bulwark against domestic infelicity and divorce. How many parents have been, aye, how many parents will be, led to overlook the frailties in one or the other through mutual love for, and interest in, their offspring, and how many of these offenders would have drifted wider and wider apart had it not been for this bond of mutual love—From the time of the prattling child on one's knee to that of the self-reliant adult ready to share his strength with that of our declining years, there has been continually an altar of devotion at which misapprehensions and doubts could be forgotten in the instinctive love for offspring. What a host of half-orphans have inspired in the surviving parents lives of sublime heroism in their children, and this, too, when no other motive could have made life tolerable.

And yet, despite the cogency of these facts, there is a constantly increasing class of people who thrust aside parenthood as a calamity to be dreaded like a plague; and, although it is not the purpose of this paper to try to completely analyze the various causes which lead up to this condition, we must review some of them in order to reach an intelligent understanding of why it exists.

However much the existence of such a condition is to be deprecated, there is no evading it as a fact, and if there is to be a class of married people who will not accept the pleasure and responsibility of parenthood, let us inquire if there is anything ethically wrong in its prevention, and if not, instruct them as to the best scientific means of avoiding it and as to the danger incurred in the current practices used for that purpose.

To do this the matter must be spoken of in plain terms, and we will premise our further argument by the old adage that "an ounce of prevention is worth a pound of cure," wishing thereby to call attention to the fearful results of interrupting pregnancy, as evidenced by the current reports in the daily press detailing the death of the victim and the criminal prosecution of the operator, a combination of disaster and crime only equalled in its awfulness by the moral perversion which prompted the act of unnecessarily destroying a potential human life. The term potential is used advisedly, for as soon as conception has taken place there begins the growth of an organism which from the start exists as multicellar entity having more or less independent functions of its own, and barring accidents or intended interference causing death, becomes at birth the living human being.

The gratification of sexual desire is a normal instinct of all the higher orders of animal life directed towards the perpetuation of species, and so long as it is kept within reasonable bounds is as salutary as any other organic function. In man the practice must be governed by the individual reason, and like the well-nigh universal demand for some form of stimulant, it can in a measure be regulated, but not prohibited.

With the sexual desire incorporated as a part of man's existence, its gratification follows as surely as taking food follows hunger; but as nature evidently has not designed that every act of copulation should be followed by conception, is it unreasonable to suppose that man is sometimes warranted in applying both his reason and art to prevent it? If man's mind was given him to raise him above the brute creation, is there any offense against law or morals in letting him exercise his faculty of reason in controlling his procreative function any more than in regulating his sleeping or eating and is there any greater crime against nature involved in the prevention of conception than in remedying the overloaded stomach of some gourmand with a digestant, or the sleepless night of some debauchee with an hypnotic?

There is no denying the fact that up to the present time the medical profession as a body has evaded the issue, while some of its individual members have in certain instances advised in a half-hearted way methods of unknown or doubtful efficiency. The prevention of conception is either right or wrong, and should be recommended or denounced on a basis of scientific fact, rather than on one of sentimental tradition.

It may be argued that the fear of conception prevents the ruin of many a young woman, but, if chastity is promoted solely by the fear of conception, it loses the major part of its ethical value, because such fear eliminates the doing of right for right's sake; and if chastity is once violated it would seem infinitely better that conception should be prevented rather than that woman and abortionist should be involved in a moral and legal crime by destroying a possible life.

I apprehend that there is a relatively small proportion of married people who avoid the responsibilities of parenthood because of any antipathy to children as such; and I assume, on the other hand, that there is a relatively large proportion who do so on account of the desire to shirk the annoyance and responsibility of bringing up children under the strenuous condition of modern society, not so much because it will restrict or prohibit their participation in social functions, for after all most parents are not what may be called society people, as because they fear that they can not maintain themselves and clothe and educate their children in accordance with the demands of modern social conditions. This also leads many young people to avoid matrimony and to resort to illicit sexual intercourse, resulting perhaps in bastardy or the contraction of contagious venereal diseases, while others

contract various habits of personal sexual irregularity from the effects of either of which they suffer thru life. Any influence which operates to prevent the organization of even small families should not be lost sight of in its effect on the body politic, for it is thru the lack of family ties that men and women are more and more coming into fierce industrial competition. Nor will any amount of argument induce these young people to embark in matrimony with the possibility of a large family, for we all realize the practical necessity of conforming the instituted standards of living, and logic cannot make the bare feet and calico dresses of two generations ago take the place of the shoes and silks of to-day, even tho they served their purpose quite as well, because present standards of civilization are governing forces which will not permit the old customs.

If sexual intercourse cannot be prohibited, what is to be said in defence of allowing parenthood to occur as a menace to society among those who will transmit hereditary temperamental or physical defects which will woefully handicap or perhaps utterly destiny their progeny? Nor should we overlook the baneful effects often seen by the medical man in large families where the mothers's physical forces have become so exhausted by frequent child-bearing that she has fallen an easy victim to septic or tubercular infections, ending in death or worse, and whose children pass thru life handicapped with the physical infirmities inherited from a mother unfit for producing offspring, and with great lack of parental care which must be determined by the mother's physique and the demands of the rest of the family.

Who can demonstrate by any argument based upon reason that in certain cases, and under the advice of the physician, one or all of these conditions before alluded to are not sufficient reason for the prevention of conception? Nor can I see that such prevention offers any crime against ethics or the State, for it must be conceded that the destruction of either the unfecundated ovum of the female, or the spermatozoon of the male, before coalescence or conception has ocurred, cannot be construed as depriving a fetus of existence, else it would be a crime for every continent male to have a seminal emission or for every virtuous female to discharge an unfecundated ovum during the process of menstruation, because some human agency did not supervene to place the two living cells under proper conditions to reproduce a human entity.

No amount of theorizing on the evils of race suicide will destroy current practices for the prevention of conception, and despite the statute forbidding it condoms continue to be sold, even tho they often lend but a sense of false security. Perhaps a more modern method is the use of the so-called "whirling spray" syringe, which attempts to cleanse the vaginal tract of all spermatozoa by aqueous irrigation, but this must have its percentage of failures, because the semen is not readily soluble in

water, and portions containing live spermatozoa may remain in the vagina. Probably the most current practice used is that of onanism, or withdrawal of the male organ of generation before coitus is completed.

It would seem that any method which was equally certain in its results, and which would obviate this pernicious practice, should have the endorsement of both law and morals, for I think that the consensus of medical opinion will bear me out in the statement that this practice has resulted in more nervous, mental and physical wrecks, and that in its ultimate results has disrupted more families than almost any other factor pertaining to sexual congress. On account of the intimate relation thru reflex nervous centers, the whole organism is more profoundly affected by irregularities in the operation of the sexual apparatus than by those of any other portion of the body, and there is little doubt but that the continuance of this practice unknowingly renders the female averse to cohabitation thru failure of complete gratification and the male, after experiencing the same failure and also meeting marital rebuffs or indifference, is perhaps directed to illicit intercourse where he contracts venereal disease, or learns to his mortification and sorrow that he has acquired a habit of premature ejaculation which is drifting rapidly towards absolute impotence. It is barely possible too that the female drifts into the realm of a man more fortunate in his sexual functions, and there learns the complete gratification of nature's instituted desire, with the result of a wrecked home and a social scandal.

If we are right in the conclusion that the prevention of a conception is justified by the preponderance of good over evil which will result from the scientific practice under the direction of the medical profession, then let us devote our attention to some efficient means of accomplishing this end, which it would seem might be done by finding a solvent for the viscid seminal fluid, thus allowing the destruction of the spermatozoa by contact with some substance inimical to their life; both solvent and destroyer to be susceptible of aqueous solution so that the solution could be readily prepared and used in some efficient form of vaginal irrigator directly after sexual intercourse.

Let us also encourage the spread of a belief that is justly becoming more and more prevalent, which is that the responsibility as between parent and child is rather of the parent to the child than the reverse. In days gone by we only heard of the child's responsibility to the parent, without any seeming acknowledgment of what it meant to bring children into the world or regard for the qualities they inherited or the necessity of provision of their future. Less attention was paid to parent stock, prenatal influences or other conditions affecting the well-being of the child than was given to the breeding of our domestic animals. The main idea of the mutual relation was that the child should obey ironclad rules as made by the parent, and quite overlooked

the fact that there is no animal organism born into the world that is so late in reaching maturity or so dependent on its progenitors until reaching that state.

The population of the globe is no doubt increasing fast enough, and it would seem in accord with the principle of evolution involved in "the survival of the fittest" that on the average the small family of high standard is the best fitted for present environment. If we must procreate let us do so when we want to, and as we want to, but above all let us do so intelligently.

—*N. Y. State Jour.*

Cure for a Common Cold.

When any of us (my family of seven) contracts a "cold," he or she makes a rush for my laboratory. I am included here, of course, and we reach for only one drug, and take it. We take it at bedtime only, and in every case, if the cold is *under 24 hours* old, no sign of the "cold" remains in the morning when we rise.

This has happened very many times, and the result has always been, an entire cessation of hostilities, so far as *that* "cold" is concerned, and we never repeat the dose of medicin.

If, however, the trouble has lasted longer than 24 hours, I do not expect to "cure" the cold, and then we often take other doses of the drug, either alone or in combination with other indicated medication. And even here with great benefit to the "cold", either in the way of shortening it, or in lessening its severity.

Enuf about the family. How about my patients? My patients, unfortunately for my pocketbook, know all about this remedy, for I have been talking it to them for years; and when very many of them "catch cold" they even don't send for me any more, but buy the drug themselves, and often will have the effrontery to ask me thru the 'phone, "What is the name of the medicin that you use for a cold?" and I am just simple enuf to tell them again.

This treatment I cannot speak too highly of. It has served friend and foe alike, hundreds of them, and all tell the same story about its efficacy—I mean in this city.

Now mind what this is for: it is for a common cold, as you ask in the quotation at the beginning of this letter—or, if you please, an acute catarrhal condition (a coryza) of the nose, with or without extension to the bronchial mucous membrane.

One word more—of caution: While I am giving you a cure for a common cold, I am *not* giving you a remedy for "grippe." My drug will have little or no influence on epidemic bronchitis, or la grippe, in the way of curing it for breaking it up, but it will modify it favorably.

Now, all this is about the tincture of gelsemium, in 15 to 20 drop doses at bedtime only, and in one dose.

Permit me to say, also (for I believe that the question will be asked), that I do nothing more than give the one drug. Neither general hot baths, hot foot baths, hot diaphoretic drinks, quinin, bicarbonate of soda treatment according to Bulkley, laxativs, calomel, etc., nor any other treatment used in the endeavor to "break" a "cold," is given or advised by me, simply because they are not required when gelsemium is given, that one thing being sufficient to accomplish all things in that direction.

It is to be observed that the dose that I have given you is for adults; children being given a dose proportional to their age.

The simplicity of the method advocated by me may to some minds make the cure seem absurd; and to these, and all others indeed, I would suggest that they approach and try the method fearlessly and honestly, and with no feeling of doubt as to results. I may appear to you somewhat enthusiastic about this matter, but then I have a right to be, as my results have been so gratifying.

WILLIAM HENRY MORSE.

Medical Progress.

BY M. R. EVANS, M. D.

Three centuries ago the wounded soldier was undergoing the horrible torture of boiling oil in a tender wound; to-day he is in a cool tent or hospital with a soothing dressing, and an anodyne—in ease and comfort. Sixty years ago he was moaning and groaning under the bloody knife and saw of the stern surgeon; to-day he is taking a quiet and peaceful sleep while his gentle friend, with an Esmarch's bandage and tourniquet, is tenderly removing a bloodless and useless limb. Fifty years ago the typhoid patient was put in a close room and allowed but little air, and no water to quench his terrible thirst; to-day he is given all the air and water he desires. Now he gets well; then he died. And so it is in nearly all diseases. Then, why is it we have so many doubting Thomases in the profession? Is it not because they are more interested in and give more attention to other matters than to the cure of their patients? Two or three years ago I heard a physican of this town say: "I don't think there is anything in medicine anyhow. I think it is a good deal of a 'hit or miss.'" Now, in my opinion, a physician who says such things tells the truth—in his own case. It shows that he is not interested in his work, and there is not likely to be "anything in medicine"—for his patients. A physician who is more interested in wine, women and horses than he is in his patients, is not likely to be successful in curing, and yet a man of that kind, if he has a good physique, handsome face, pleasant manners, and an easy conscience, is likely to get a larger practice than one lacking these accomplishments, altho he give all his time.

to his profession, and is more successful in curing. This should not deter the latter, however, from doing his best. It is the good we do in the world, and not the amount we accumulate, that counts in the end; and the knowledge that you are relieving distress, and saving life, is much greater satisfaction than making money. Like all other professions, ours has some disagreeable and unpleasant things about it. It is not pleasant,

"To be day and night, at the beck and call
Of men who cheat and women who lie;
To know how often the scoundrels live,
And see with sorrow the dear ones die:
To be laughed to scorn as a man who fails,
When nature claims her terrible debt;
To give a mother her first-born's smile,
And leave the eyes of the husband wet;
To face and brave the gossip and stuff
That travels about thru a country town;
To be thrown in the way of hysterical girls,
And live all terrible scandals down;
To study at night, in papers hear
Of new diseases and human ills;
To work like a slave for weary years
And then to be cursed when you send your bills."

But, then, there are many compensations. The good we do is a great satisfaction, for—

"Who, of all men, to those who suffer brings
Most comfort, most relief from pain?
Whose is the helping hand ne'er sought in vain?
Ask of yon happy little lad,
Whose legs were crooked and whose back was bad,
Who made him straight and put his back at rest?
Ask of some mother at whose happy breast
A new-born babe is held with joy and pride,
Who sat beside her and to whom she cried
For help and comfort in her hour of pain?
And ask her if she ever cried in vain?"

But the relief we give to suffering humanity, and the good we do, are not the only things that should give us satisfaction. There is much encouragement in the progress we have made during the past century, for—

"The curse of small-pox for a thousand years
And more, had filled the world with tears;
Then Jenner came and taught mankind
The secret—and the curse was left behind.
Not quite behind, for some poor fools refuse
The proffered gift, and fain would choose
To die, or suffer and bear horrid scars.

Thus ignorance the way of progress bars.
Scarce one of us, now living, can recall
The awful tortures of the hospital,
When patients shrieked beneath the surgeon's knife,
And cruel pain alone could save the life.
But thanks to Morton, Jackson, Simpson, Long,
To each some share of glory shall belong—
The pain is banished, and the knotted brow
Of agony, is smooth and peaceful now.
Nor was the pain the only thing to fear,
The suffering patient had still more to bear;
The fevered wound which oft refused to close
Prolonged the period of the sufferer's woes.
Then Pasteur, Tyndall, Lister came upon the scene,
And surgeons learned the art of being clean.
These things have doctors done, and many more.

How to "Modify" the Baby.

By W. P. NORTHRUP, M.D., New York.
Professor of Pediatrics in the University and Bellevue Hospital Medical College.

"I have tried every milk modification, have tried every kind of food and the baby does not thrive." Is this a familiar quotation? Who has not used every variety of bottled tonic, every kind of stomachic and bitter appetizer without inducing an adult patient to take food? Have we not tried canned air and coal-tar products, heart stimulants and blood enrichers without success?

Have we not modified baby feedings to our own exhaustion? Is it not possible that we may modify the baby that it may be able to take and assimilate food appropriately prepared?

REST. A baby may be neurasthenic, may have nervous dyspepsia, may not be able to retain its feedings, may not properly digest them, simply from lack of nerve rest. I have in mind such. They are the first children of young couples, with enormous number of friends, all of them inordinately fond of babies. Each one wishes to play with the baby, to wake it, make it smile, toss it, kiss it, pass it around, take it to ride, hold it up to see the horses, see it roll its eyes toward passing vehicles, see it take notice of children on roller skates and babies in carriages. The babies gaze in wide eyed wonderment and the friends report favorably on the young couple's first baby. Daily receptions at unforeseen hours, repeated wakings from sleep are frequent. More than half the callers are privileged persons, grandmother, sisters, friends from a distance. All have the best of reasons for seeing the baby, they cannot be denied, refused. A mother may essay to spare the child, but she is not able to protect it. She is inexperienced and but half appreciates the necessity of rest or she is too weak to make a hard fight against her friends' impor-

tunities, and the grandmother's sarcasms. The latter insists that she woke and showed all her babies all she wished to and so the objections are overruled. The baby is victimized. One mother of an only child calmly informed me that her child was sent to her for her comfort and she accepted it as such. Further words were useless.

I have seen cases where the milk was the best, the modifications made in laboratory according to the most approved formulae, the milk fed at stated intervals. Strange to say the excellent feedings were not retained, were promptly thrown up, and the wasting of flesh began and continued. In one case it was necessary to keep the baby from its parents, to feed it in a dark room, lay it quietly down or hold it and gently rock it till digestion was well begun. In another case a child lived for months in a large room, seeing no one but the nurse, sleeping the day through on a balcony in the open air. In both of these cases absolute quiet was the only thing needed to enable the babies to digest their proper food. I mean by proper food most carefully modified milk feedings. The baby was modified in each case to fit the feeding.

Rest in a case of enterocolitis required the baby's being trundled slowly along a quiet suburban road in a tea cart. The owner of the outfit in his joy at the recovery of the baby exclaimed that I had ruined a pair of horses, spoiled a coachman and upset all discipline in the stable. He added, the baby slept, the nurse slept, the coachman went to sleep on the box, the horses went asleep, everything went to sleep, but the wheels. For hours every day this dull trundling quieted the baby, induced its first consecutive sleep, rested its nerves, enabled it to digest its feedings and begin convalescence. The baby recovered, the horses went lazy.

Nerve rest is worth considering in modifying a baby so that it may digest food.

OPEN AIR. It might be well to couple this heading with the former. Rest in the open air, many hours in the open air, *loitering in the fresh air* for many quiet, restful, consecutive hours does wonders for digestion. Many of us remember the days of the bicycle furor and the tendency to overdo its useful advantages. Professional men rode when they should have rested, sprinted when they should have napped. One reason for the bicycle's rapid falling into disuse was that it led to overdoing, but much of that overdoing was because it did not afford nerve rest to the very persons who most needed it. The infant needs long consecutive hours of rest, as many as possible of the twenty-four hours and many or most of these hours should be spent in the open air. Infants in hospital wards often suffer from a noisy patient in the same ward.

At the Presbyterian Hospital, New York City, we have a roof ward, a steel shed in which at the time of writing 12 children,

the youngest fifteen months, have been continuously in the open air, all day and all night, for more than four weeks. Rest in the open air continuously for three weeks has afforded an object lesson seldom witnessed. The fifteen months' old child was brought to the hospital with a diagnosis of tubercular peritonitis, going to the surgical division for operation. It proved to be a case of malnutrition, inability to take and assimilate food. At the end of three weeks its capacity for taking food was prodigious, its appetite simply incredible. The color of the infant was brilliant, its skin and eyes clear and bright, its cheeks, nose and chin, bright rose color. In short, from being a limp, little, pot-bellied thing without color, it became the pride of the ward and the pet of the hospital. Two other cases in the same open air ward, being modified to taking food, were empyema. They made the speediest recoveries of all the cases during the winter. One case was pneumonia in a forlorn, misshapen, rachitic boy. He made a prompt recovery and developed a devastating appetite. None of the cases caught cold, all were greatly improved, all developed excellent appetites, all had colors resembling seafarers. Next to the extraordinary appetites the most striking result of the continuous living in the open air was the sound sleep. Not more than once or twice in all night was the nurse obliged to turn on the lights or perform any service for the children, twelve in number.

The object of this paper is to emphasize the necessity for a broader view in feeding infants and young children, to encourage towards efforts to modify the baby that it may be able to digest the food brought to it. Perpetual changing of prescriptions is not enough. It is well to select a safe food and modify the baby's ability to assimilate it. Do not forever accuse the food. It is often the baby's fault. Help the baby to have rest, open air living, consequent appetite, good assimilation. Consecutive days in uniform hot houses leads to loss of appetite in infants as much as in adults. The skin needs the influence of cool, fresh air, it needs change of temperature. Babies need rest, need protection from officious interruptions and over-entertainment.

Finally. The prescription for modifying the baby calls for several ingredients, but foremost of all, in importance, are nerve rest and open air.

We wish to educate our subscribers to remit $3.00 for four years instead of $1.00 yearly. It is not much more difficult to remit $3.00 than it is $1.00; you save 25 per cent. and you have it off your mind for four years, while we are also satisfied. We do NOT like to have to send bills.

Ten dollars pays for the Critic & Guide for life. We want thousands of life members. Elbert Hubbard has them—why can't we? Are the medical and pharmaceutical professions poorer than the laity?

More positive, and less negative, more constructive and less destructive work, shall be the program for the present year.

Conducted by I. Balch Louis, L.L.B., of the New York Bar.

Practicing Medicine.

In the January issue we discussed the latest statute passed by the New York Legislature defining the "practice of medicine," and we said that the Legislative definition substantially followed the decision of the New York Supreme Court in *People* vs. *Allcut* which we promised to discuss.

In that case Allcut, who was not registered, held himself out by a sign and card as a doctor; he prescribed no drugs but consulted with his patients, diagnosed their ailments, prescribed diet and remedies and gave treatment by manipulation, professing to cure without drugs all diseases that other doctors cured with drugs and others that they could not cure.

In holding the defendant guilty of "practicing medicine" without being lawfully authorized and registered, the Court laid particular stress upon the fact that Allcut attempted to *diagnose* and the Court took occasion to say that to confine the definition of the words "practice medicine" to the mere administration of drugs or the use of surgical instruments "would be to eliminate the very cornerstone of successful medical practice, namely the "diagnosis." In the opinion of the Court diagnosis seems to be an integral part of both the study and practice of medicine and is so recognized by the Law, as well as common sense.

In support of its decision, the Court referred to the fact that the Courts of Massachusetts, Maine, Michigan, Iowa, Missouri, Colorado, Nebraska, Illinois, Ohio, Alabama, Indiana, New Mexico, South Dakota, and Tennessee have refused to restrict "practice of medicine" to the administration of drugs or the use of surgical instruments.

It may well be said that the current of authority seems to be strongly in favor of restricting the performance of any act tending to cure or affect human disease to those whose qualifications have entitled them to practice medicine in the fullest sense of the term.

As an evidence of the zeal of the Courts in the direction mentioned, the case discussed below is strongly in point.

Corporation Not Allowed to Practice Medicine.

The John H. Woodbury Dermatological Institute has been convicted of a misdemeanor for practicing medicine without a license. There was no question but that the corporation did that,

which, if done by an individual, would constitute practicing medicine within the meaning of the law.

The contention of the defendant was that the law does not affect corporations but relates only to "persons" who practice medicine without a license to do so.

Judge Deuel of the Court of Special Sessions in New York City decided however that the point was not well taken; but that, viewing the Statute in the light of the Statutory Construction Law which provides that "the term person includes a corporation" unless the general object of the Statute or the context of the language construed or other provisions of law indicate differently, the Statute in question applied to the Woodbury Institute.

Referring to the object of the law, the Court used the following very appropriate language, viz:—

> "Undoubtedly upon the subject of advertising the Legislature had in view the common knowledge that any medical advertising beyond the simplest disclosure of name, location, office hours and school of medicine, contravenes, and long has contravened, time honored ethics of the medical profession. It is quite probable from this knowledge it was assumed that all display advertising upon the subject emanated from questionable or empirical sources. And as a protection against quacks and charlatans, it was deemed prudent to confine all advertisement to those who could and did present qualifications entitling them publicly to register as physicians, believing that any invasion of professional ethics would invite suitable professional penalties, leaving all others to the ordinary penalties of the law. The statute therefore does not forbid medical advertising, whether modest or bombastic, if done by a registered physician, but any and all advertising emanating from other sources is clearly forbidden."

The salutary effect of this decision upon the public is too plain to call for comment; and viewed entirely from a legal standpoint we unqualifiedly concur in its soundness.

Privilege of Physician.

The Supreme Court of this State has decided that in an action for personal injuries a physician who attended the plaintiff professionally may testify that the plaintiff told him, while he was so attending her that she "carelessly got her hand into the machine."

Such testimony is not privileged for the reason that it does not refer to information which was necessary to enable the physician to act in a professional capacity. In other words, it was information voluntarily given by the patient as to a matter which the patient did not need to discuss or to mention to enable the physician to treat the injuries.

No Standard of Strength for Camphor Liniment.

An interesting question arose in the New York City Municipal Court in an action to recover a penalty for violation of Subdivision I of Section 197, Chapter 667, Laws of 1900, entitled "Adulteration or substitution of drugs, chemicals and medicines."

The portion of the Statute referred to provides that "unless otherwise prescribed for or specified by the customer, all pharmaceutical preparations sold or dispensed in a pharmacy, dispensary, store or place shall be of the standard strength, quality and purity established by the latest edition of the U. S. Pharmacopeia."

The defendant was sued for selling camphor liniment which was claimed to be below the standard specified in the U. S. P. In a lengthy discussion of the question, the Court decided that there is nothing contained in the U. S. P. which specifies the standard of strength, quality or purity of camphor liniment and consequently there could be no violation of the Statute referred to and the penalty sued for could not be recovered. (This is because the title "camphor liniment" is not found in the U. S. P. The official title is oleum camphoratum or camphorated oil. W. J. R.)

The Danger of Selling Carbolic Acid.

In a recent action it appeared that the wife of the plaintiff asked a druggist's clerk for something to wash out a wound or cut which her husband had received on his knee. The clerk gave her a solution containing between 86 and 90 per cent. of carbolic acid. The result of the application was that the knee was burned and turned black and caused serious trouble. The plaintiff sued the druggist, recovered judgment and the Appelate Court sustained the same.

In defense of the judgment the Court cited Section 67 of the Sanitary Code which forbids the sale at retail, of carbolic acid of a stronger solution than 5 per cent., except upon the prescription of a physician; and as affecting the liability of the druggist for the act of his clerk, the Court cited a very old case known as *Thomas* vs. *Winchester* in which the defendant was held liable for injuries flowing from the act of his assistant in business in putting up belladonna, labelled as "dandelion" which, thru the medium of several intermediate dealers, was sold to plaintiff and used by her to her injury.

Cream of Tartar.

A grocer who sells cream of tartar containing only 74.7 per cent. of cream of tartar and the rest in alum, whereas the standard of the U. S. P. calls for 99 per cent. cream of tartar is guilty of a violation of the Public Health Law and liable to the penalty therein provided.

Upon this question the New York Court of appeals is yet to be heard from, as permission to appeal has been granted to the defendant.

AMERICAN MEDICAL EDITOR

Eat Acetanilid Tablets like Candy.

In the food fair, now being held in Boston, is a booth arranged for the purpose of advertising a preparation known as 'Celero,' or 'a headache lozenge.' While the envelopes used for the distribution of the lozenges bear a statement that each lozenge contains two grains of acetanilid, the assertion is also made that the lozenge is a safe and convenient remedy for all forms of headache and neuralgia. Following this statement are the words, 'Guaranteed under the Pure Food and Drugs Act, June 30, 1906,' which are followed immediately, in a much larger sized and far more conspicuous type, by the words, *'Eat it like candy—no water needed.'* Many of the lozenges are kept in bulk, on the counter, in a large, uncovered glass dish, such as is used by confectioners for candies, and in several instances, in the course of a few moment's observation, a small handful of the tablets was taken by the person in charge of the booth, and given to a person coming to the booth, with such remarks as the following: 'The only harmless preparation on the market; nothing injurious about it whatever; will positively cure your headache.' In one instance the saleswoman was observed to put a lozenge in the mouth of a young person, as if it were candy. In another instance a young girl came to the booth, saying, 'Girlie, my little girl has got a headache; give me some of them.' A small handful was put into an envelope and given to this girl. At another time a boy, who appeared to be about 16 years of age, was in charge of the booth, giving away the lozenges in the same free and indiscriminate manner. Large sized advertisements are posted on the booth, emphasizing the fact that these lozenges may be 'eaten like candy.' In a circular, which is sent out with the lozenges, directions are given to 'Eat the lozenges like candy, at any time, before and after meals, in any place or under any conditions.' The phrase 'Eaten like candy' is repeated in a conspicuous and heavy type.

—*Boston Med. and Surg. Jour.*

The Physician as a Factor in the Etiology of Disease.

It is an encouraging sign of the times that medical men are devoting more and more attention to the study of the psychical element in the causation of disease as well as in its treatment. The spread of mind cures, with undoubted successes in some instances, shows that psychotherapeutics has been far too much

neglected. In the cultivation of the purely scientific, in the search for physical causes of disease, there is danger of losing sight of the psychical element, which is so often a prominent contributory factor.

It must be remembered that mental ills are as hard to bear as bodily ailments. A pessimistic attitude on the part of the medical attendant will often vitiate the success of even well-directed treatment. Some doctors unfortunately reflect unfavorable prognoses from their faces, and is it any wonder then that a patient may prefer a charlatan, whose chief stock in trade is optimism. By this it is not implied that the physician should deliberately deceive and make promises of cures in hopeless cases, but he should at least encourage rather than depress, for after all his opinion may be the patient's salvation or his death warrant. When we read of authentic cases of apparently serious disease recovering under mental treatment where medical means had failed, we must appreciate the importance of psychical therapeutics.

But there is another side to this subject. As pointed out by Dr. Richard C. Cabot in a most scholarly article *(Detroit Medical Journal),* the physician is very often to blame for the development and prolongation of chronic neuroses owing to his disregard of mental laws, especially so in cases in which topical treatment is given for some trifling local complaint. He says: "Local affections of the female generative organs, of the throat and nose, and of the stomach, maladies which under judicious mental treatment would disappear or fall into the background, are by local treatment made greatly worse, because the patient's attention becomes directed constantly to one part of her anatomy. A harmless floating kidney is accidently discovered, operated on, and thereby a first-class chronic invalid is added to the list. A uterine displacement or slight erosion is found, and local treatment follows because of the law which seems to be deeply impressed upon most physicians' minds: "Whenever you find a local lesion treat it locally.' There follows a severe case of the type of hypochondria sometimes known as 'uterus on the brain,' and familiar, I am sure, to you all."

While we cannot go as far as Dr. Cabot when he says that the mind curists have helped us to recognize that, aside from abscesses, hemorrhages, cysts, and malignant disease, the vast majority of local lesions, especially in the female pelvis, are harmed by local treatment, we fully agree with his assertion that in many such cases the improvement of the general health, both physical and mental, is of paramount importance. Every nervous person—and who is not nervous nowadays—is apt to become introspective and to allow his mind to dwell upon his condition, and if his thoughts are not diverted by judicious efforts of his medical attendant, a comparatively trivial ailment may be magnified into one of real suffering. —*Inter. Jour. Surgery.*

What We Owe to the Manufacturing Pharmacist and the Commercial Scientific Laboratory.

There are some who go so far in their bitter hostility to proprietary remedies as to say that it would be better for the practice of medicine if all the manufacturing pharmaceutical concerns were out of business, and physicians had to depend entirely upon the prescription druggist. This, of course, is the height of absurdity, but we have heard the view openly expressed more than once. Many of the large manufacturing pharmaceutical concerns have committed offenses against legitimate medicine, the advertising quacks, and also by encouraging self medication on the part of the public. These sins are becoming less frequent, and we believe will finally entirely cease as the result of a better understanding and closer relations between the manufacturer and the medical profession. Those who condemn broadly, and without reserve, the large manufacturing pharmacists and chemists, should pause and reflect upon the enormous debt which scientific medicine owes to these same concerns. To say nothing of the many elegant and palatable preparations which no retail druggist can duplicate, to whom do we owe the many serums, antitoxins, vaccines, animal extracts and alkaloids without which the scientific physician could not practice his profession? We owe them to these very people whom we are condemning. Every new discovery, every new theory, which promises or even suggests a cure for some disease, is promptly put to the test in one of the great commercial laboratories, and the result announced to the medical profession. The fact that the commercial laboratory is a money making concern, as opposed to the purely scientific laboratory which is not, does not detract at all from the value and importance of the work done in the former. The scientific laboratory, practically always a teaching laboratory connected with some medical school, could not, even if it would, take the place of the commercial laboratory, and indeed, in many instances, the discoveries made in the former are promptly communicated to the latter for the purpose of enabling it to give the benefit of the new discovery to the medical profession. In regard to ready made prescriptions and proprietary medicines in general, we have always maintained that while many of them are useful, and some of them are dispensible, the physician would do better in the majority of cases to write his own prescription if he knew how to write it and was satisfied that the prescription would be dispensed by a competent and honest druggist. It must be remembered, however, that there is a vast army of practicing physicians, living in country districts remote from druggists and where scientific prescriptions, except of the very simplest character, cannot be compounded. These physicians must and do depend for many of their medicines upon the ready-made prescription, the so-called proprietary.

The physician demands that he shall know the exact amount of each active ingredient in the medicine he prescribes, and knowing this he can prescribe intelligently. Of course the honesty of the manufacturer must be taken on faith, but so must the honesty of the retail druggists to whom a prescription is sent to be compounded. In the matter of honesty we are always at somebody's mercy in this world. So let us not, as a profession, have any quarrel with the manufacturing pharmacists, we owe them too much, and we are too dependent upon them. Let us reason with them when we believe them to be doing something wrong, let us openly condemn those who are shown to be deliberately dishonest, but let us give praise and credit to those who deserve it, and let us work hand in hand for the betterment and for the uplifting of scientific therapeutics.

—*St. Paul Med. Jour.*, Dec. 07.

The Archives of Internal Medicine.

Number 1, volume I of The Archives of Internal Medicine, published by the American Medical Association, has reached us. It consists of 147 large pages of printed matter of high character. The Archives will not accept any advertisements. The new journal will not find favor with the average practitioner—for whom it is not intended—but will at once take its place among the high-class publications devoted to the scientific side of medicine.

We extend a hearty welcome to the new journal — The Archives of Internal Medicine.

Sexual Neurasthenia on the Increase.

SEXUAL neurasthenia is seemingly more in evidence to-day than ever before. Whether it is due to an abuse of the sexual function, or whether it is merely an expression of the loss of the general nerve tone incident to the high tension to which the average man is subject in this mad era of money-getting, is a mooted point. It is a generally conceded fact, however, that the condition is responsible for much marital infelicity. The divorce courts tell the tale, the case records of every physician substantiate it. Every lover of his kind must view with apprehension an increase in this form of neurasthenia. Lancet clinic, Jan. 25, 1908.

We can fully corroborate the statement of the Editor of the Lancet-Clinic as to the increase in sexual neurasthenia. And unfortunately we can see no change for the better in the near future. Until economic conditions are changed, until physicians know more than they do now about sexual matters, until our men begin to receive the proper kind of sexual instruction at the proper period, sexual neurasthenia and other sexual disorders will be progressively on the increase.

Therapeutic and Diagnostic Guides

Benefit of Occasional Vomiting.

Lauder Brunton points out—and cites cases in support of his assertion—that retching and vomiting is often of service to stagnation of bile, even tho little or nothing be evacuated from the stomach, by simply squeezing the liver and gall-bladder between the diaphragm and the abdominal walls, and then mechanically driving the bile, mixed with mucus, out thru the hepatic duct into the intestine. He considers this a far preferable mechanical measure to that of massage of the gall-bladder, which he regards as too risky for general use.

Biliousness

There is no condition which nags at the therapeutic resources of the practitioner more provokingly than the average case of bilious headache and general biliousness. True, a great many cases of bilious headache which the patient calls biliousness (and the doctor used to) are nowadays attributable to other causes; and doubtless in his modern zeal to avoid being fooled by the "biliousness" fallacy the latterday medical man frequently falls into the other extreme and allows his patient to suffer from a real absorption of bile, which he could easily relieve, while he searches for more profound troubles.

But granted the condition of bilious toxemia, whether primary or secondary, calling urgently for relief, the practitioner is often disappointed in his trusted "liver stimulants," because he fails to grasp the simple necessities of the case.

A mere liver stimulant is of no use, because it simply stimulates the secretion of a more abundant and diluted bile, which is absorbed quite as readily as, if not more so than, the original article. The duodenum must be stimulated to discharge the diluted bile; and even this is not enough, for the bile will frequently linger in the lower bowel and give trouble.

Podophyllin, mercury, and iridin are all excellent hepatic stimulants, but they must be combined with, or accompanied by a duodenal stimulant and an evacuant, in order to relieve the excess of stagnant bile, and it is this lack of judicious combination that is responsible for such frequent failure and disappointment in handling this condition. Of all hepatic stimulants, perhaps the most powerful is sodium salicylate, and an ideal prescription for the above purpose is:

Sodii Salicyl. Gr x
Ipecac Gr. ¼
Sig. t. i. d.

Follow the next morning with a ℥i dose of sodium sulph. in hot water. After the excess of stagnant bile has been removed by this treatment a healthy secretion of new bile may be promoted by the following, which is a very elegant combination, both from a pharmaceutical and a therapeutic standpoint:

Ac. Nitro-Hydrochlor. 3i
Sp. Chloroformi 3i
Tinct. Aurantii 3ii
Tinct. nuc. Vom. mxx
Aquae q. s. ℥x

Sig. One ounce t. i. d.

This remedy not only acts as an hepatic, but as a general pick-me-up, and makes the patient feel bright and vigorous.

Arterio-Sclerosis.

Gouget, in his recent monograph on this subject, points out that the various causes commonly ascribed to arterio-sclerosis (and their name is legion) including temperament, sex, heredity, menopause, age, cold, bad hygiene, over-feeding, toxemias, etc., may all be summarized under two main categories, namely, *over-exertion* and *infection,* and the treatment therefore resolves itself into a very simple question of hygiene, with remedies of well-understood action as an adjuvant.

Briefly, the victim of arterio-sclerosis must avoid excessive functionation of all kinds, especially that which tends to raise arterial pressure, and his metabolism must be reduced to a minimum consistent with reasonable strength. Alcohol, Gouget thinks, is absolutely contra-indicated, as increasing metabolism without any compensating gain in resistance.

In the matter of medication he points out that the logical therapeutic agents are those which lessen arterial pressure and otherwise retard metabolism, of which the most efficacious is potassium iodide, which he orders in small doses, of 3 to 5 grains, to be taken in the midst of a meal. He holds large doses to be useless and even harmful, all of which agrees with our own estimate of potassium iodide published elsewhere. If iodide of potassium is for any reason badly tolerated, he recommends the albuminoid iodine compounds, such as iodalbine, iodalose, etc.

Gouget speaks approvingly of Lauder Brunton's prescription for the direct lowering of arterial tension, as follows:

Sodii Bicarb. gr xxv
Potass. Nitrite gr. xx
Sodium Nitrite gr. v

To make one powder. Dissolve in half pint of water and take
he morning.
currents, so frequently extolled of late, he
ns for, and thinks their efficacy exag-

To Abort a Cold.

After blowing the nose vigorously rinse out each nostril with a weak (pale pink) solution of potassium permanganate. With the head held well back try to retain some of the solution by plugging each nostril with cotton wool. Inhaling formaldehyde is still better.

Uremic Paralysis.

While the occurrence of convulsions due to uremia is a common experience, the existence of uremic paralysis is much less frequent. Hemiplegia is the most common form, and it may be complete; on the other hand, the paralysis may involve only a single limb, or may be restricted to one side of the face.

Paralysis Agitans.

Hyoscine is recommended by Dr. R. T. Williamson to lessen the tremors and the restlessness of paralysis agitans. He prescribes gr. ¼ in 6 ounces of chloroform water; and of this mixture give two teaspoonfuls, equivalent to 1-96 grain of hyoscine hydrobromide, for a dose. The dose may be gradually increased to 1-75 grain. After a time the good effect of the treatment lessens, but if, after an interval, it is renewed, good results again follow.

Pilocarpine in Alopecia.

Dr. Pringle reports the case of a patient who entirely lost the hair of his scalp, and in whom vigorous local treament had altogether failed. Pilocarpine nitrate one sixth grain, was then injected into the scalp hypodermically. In a week there was a growth of downy hair over the scalp. The dose was increased to one third grain with satisfactory results.

Psoriasis.

Hutchinson's favorite local treatment is Acidi Chrysophanici, Hydrarg. Ammon. of each grs. x., Liq. Carbonis Detergens, mx, Adeps Benzoat. ℥i. Remove all scales, as far as possible, by washing or a warm bath, and then rub the ointment into each patch for half an hour at bedtime. The ointment may be left on all night, but if this is disagreeable it may be wiped (not washed) off.

Infant Feeding.

There is a prevalent notion that it is bad for an infant to be fed partly on the breast and partly by artificial means; hence it is suggested that if there is partial failure of the breast milk the child ought to be weaned. This is a mistake, as exact observations have shown that with "mixed feeding" infants thrive better than those fed artificially, even tho with the latter all possible care is taken.

Tertiary Syphilis.

In many cases medicinal treatment is only successful when the patient is put on a generous diet. If this fails the treatment should be continued at the seaside or in the mountains.

MISCELLANY

Genius and Sexual Instinct

It is no secret that men of genius are often lacking in the sexual instincts. The life of many a master mind has been darkened by the disturbing influence of marriage, and not a few of those destined to serve their day and generation as pilots of mankind have suffered shipwreck and themselves become castaways because they voyaged without the ballast called love. In a former issue we dealt with Sir James Crichton-Browne's serious reflections on the part played by Mrs. Carlyle in the quarrels which, lamentable as the matter is, can now be cloaked no longer. In fairness to truth and in the interests of psychological medicine it is well that the "New Letters and Memorials of Jane Welsh Carlyle" should have been quickly followed by the publication of the long-secreted and painful manuscript left by James Anthony Froude, "My Relations with Carlyle." In this little volume there is clear evidence as to the etiology of Mrs. Carlyle's suffering. Medical men may well study the record with care. Every practitioner probably, to some extent, is aware of the misery wrought by unsatisfied love, but when two lives like those of Thomas Carlyle and Jane Welsh are linked and yet remain ever separate, derangement and disaster are inevitable. No secrecy is now possible. In justice to both it is well that the truth should be known. "Their marriage was not a real marriage, and was only companionship." "Carlyle was one of those persons who ought never to have married." "In 1862 her health finally broke down, and there came on that strange illness of hers which doctors failed to understand, or, if they understood it, they did not venture to speak plainly. . . . The wisest of her doctors insisted as a first necessity on her separation from him." All this and more needs no interpretation to medical minds. The diagnosis is made clear. It may be our hero worship will lose something of its useless glamour, but our pity will be extended, and science and sentiment will unite in drawing that cloak of charity which covers a multitude of sins over the pain and anguish which darkened the lives of the Carlyles. The pathos of the tragedy is not to be forgotten in the study of its pathological features.—*Med. Press and Circular.*

Remarkable Case of Complete Abstinence.

Anna Garbero, of Racconis in Piemont, died on the 19th of May, 1828, after having been for two years, eight months and eleven days without any solid or liquid nourishment. Sixteen hours after death she was examined by MM. Rolando and Gallo, of Turin. The serous and synovial membranes were dry, and resembled parchment; the diameter of the principal veins and arteries was much less than usual, but the most remarkable morbid alteration was that of the digestive organs; the transverse colon had descended to the hypogastric region, its two extremities remaining fixed in their natural situation; the stomach had de-

scended in a similar manner; and being much contracted, had the appearance of part of the larger intestine. The duodenum was in a natural condition, but the other small intestines were considerably contracted; the lower part of the coecum, and the middle portion of the transverse colon, contained small hardened scybalac; at the lower part of the colon descendens, the membranes of the intestinal canal was thickened and callous, so as to hinder the further progress of the excrement; and in the sigmoid flexure it was completely obliterated. The mucous membrane of the stomach was softened and friable; that of the intestinal canal had undergone the same alteration, and was of a brown color, such as is observed in incipient gangrene; the valvulae conniventes were hardened, and the whole tract of the small intestines was empty. The mucous membrane of rectum was of a violet color, thickened, beset with hard scirrhous excrescences, and covered with very fetid pus. The mesenteric glands were in a natural condition; the epiploon and mesentery exhibited no traces of fat, and were nearly in the same state as the pleura and peritoneum.—*The Lancet.*

A Danger Always Present.

The suggestion has often been made before, and it may be made again, that the greatest danger the doctor has to guard against is, not bad weather or contagious disease, but designing woman. A story is told in a contemporary of a reputable physician in Detroit who was called to visit a patient whom he had never seen before. He found her in a boarding house, complaining of symptoms of hard cold, for which he prescribed. He heard nothing more of her until he saw in a newspaper that he was accused by this woman of procuring an abortion on her. She was a janitress, and was found by another physician suffering from sepsis, due to a blundering attempt to procure an abortion. She charged the first physician with being the guilty party. The prosecuting attorney and stenographer took what was supposed to be her ante-mortem statement. Fortunately, she got well. The physician was charged with the crime, and the trial was had. On cross-examination she broke down, and admitted that she had lied to shield herself, as she thought she would be sent to prison if she did not accuse someone. Suppose she had died! Physicians cannot be too careful, not merely in their own offices, but in rooms to which they are called. The sword may fall upon them at any time, under conditions where it would be the least suspected.

The Therapeutics of Sexual Diseases of the average physician is limited to potassium bromide as a sedative and to that wretched combination—phosphorus, nux vomica and damiana—as a stimulant. Sad, but true.

Damiana has about as much therapeutic value as licorice. And still how many thousands and thousands of dollars have patients paid over to the manufacturers because of the erroneous notion that damiana possessed aphrodisiac properties.

"Cranks, Germs and Disease".

Christian Science Committee on Publication.

New York, Nov. 22, 1907.

EDITOR CRITIC & GUIDE.

Sir:—In an article entitled "Cranks, Germs, and Disease," in your October issue the Editor says that he once challenged a Christian Scientist to prove the sincerity of his belief by taking one grain of strychnine or ten drops of croton oil which he placed in a spoon. Because the Christian Scientist refused the writer claims that he was insincere in his professed belief in Cnristian Science.

This reminds one of a similar conversation in which the devil dared Jesus to throw himself from the pinnacle of the temple. He is reported to have said to Jesus in substance that if he really believed in his doctrines he could perform this feat without harm to himself.

Christian Scientists recognize just as Jesus recognized that God is an ever present help in time of trouble, but that does not mean that one has a right to deliberately place himself in a position of danger and then demand that he be extricated, as a challenge or dare to the Almighty. Such conduct would instantly be considered as improper towards an earthly parent, and towards God it would be blasphemy.

No one believes that a personal devil came to Jesus with the proposition, hence the suggestion to jump from the temple must have been made to him thru some person. Do the Scriptures not say that this was a temptation to Jesus to do evil, and was not the suggestion to the Christian Scientist to take the poison equally so?

If Jesus had jumped from the pinnacle of the temple the chances are he would have broken his neck, because the act itself would have been wrong, as the Scriptures state, and God does not protect man in wrong doing.

Jesus knew a better way to exemplify the power of God than by indulging in spectacular exhibitions. He healed the sick and brought cheer and comfort to the broken hearted. He went about doing good, notwithstanding there were many who spoke evil of him and said that he was an impostor. He taught his disciples that a right understanding of Truth was sufficient both to regenerate the sinner and to heal the sick and declared that all who believed in (understood) him should do the works that he did.

Christian Scientists are striving to obtain the understanding of God that will enable them to do the works that Jesus com-

manded, but they would consider it a sin to deliberately place themselves in danger and then demand that God extricate them.

Very truly yours,

V. O. STRICKLER.

We still fail to be convinced. If there is no such thing as matter, if there is no such thing as poison, why should a Christian Scientist fear a grain of strychnine more than he does a grain of sugar? Or ten drops of croton oil more than ten drops of sweet oil? Why? It must be because, in spite of their protestations to the contrary, the Christian Scientists (?) recognize that there is a difference in different kinds of matter, that some kinds of matter are powerful for good while others are powerful for evil, regardless of any attitudes of the mind. If they make this admission, all their "teachings" fall to the ground. Isn't it so?

EDITOR.

Ethical Proprietaries and Patent Medicines.

151 Linden Avenue, Brooklyn Boro., New York.

My dear Dr. Robinson:—In administering very just punishment to the fake "Ozark Medicine Co.", you say in criticising the course of Mr. Bok of the Ladies' Home Journal: "He simply does not know what he is talking about for there is a strange confusion in his mind between "proprietary", "patented" and "patent-medicines." "This confusion is deliberately nurtured and fostered by a certain class of bigots, or axe-grinders," etc. You should add to this class 90 per cent. of the retail druggists. They not only designate all proprietary preparations as "patents" when talking among themselves, but never fail to impress this idea upon the minds of customers who come to them with a prescription calling for one of them. I have many times known of their telling my patients that Gardner's Syr. Hydriodic Acid and other thoroly ethical preparations were "patent medicines". And the worst of it is, that they know the difference all right, they know they are lying, but they keep it up just the same. Your designation as axegrinder is entirely applicable.

Fraternally yours,

Dr. C. G. PURDY.

My dear Dr. Robinson:—It gives me pleasure to remit the amount of my subscription to the Critic & Guide and Altruria. Your fearless and remarkably progressive journals are certainly indispensable to thinking people. I am heartily in sympathy with your honest and straightforward expressions on medical matters as well as on the subject pertaining to the improvement of social conditions. Wishing you success in your good work, I am, Sincerely yours,

A. HYMANSON, M. D., 232 Henry St., N. Y. City.

Dear Sir:—I enclose check for $1.00 for the Critic & Guide. I like your policies and heartily endorse each plank in your platform.

Yours truly,

L. TENNENT LEE, M. D., Rock Run, Ala.

Dear Sir:—Enclosed please find renewal subscription. I have cut down on my journals to some extent as I am getting more than I can read, but am never too busy to read the Critic & Guide and think your little journal fine. Don't ever fail me with the Critic and Guide, as I couldn't get along without seeing it every month. Yours,

C. V. WINSETT, Ph. G., M. D., Princeton, Ia.

Dear Doctor:—Enclosed please find my subscription for the Critic & Guide and Therapeutic Medicine. I admire your love of fairness and your fearlessness in showing up the devious ways and methods of some so-called "shining lights." Yours very truly,

JNO. N. WASHINGTON, M. D., Van Buren Mo.

Dear Sir:—Long live the Critic & Guide. I like it best of all journals.

Yours respectfully,

A. M. BYRD, M. D., R. D. 2 Chilhowie, Va.

My dear Doctor:—I suppose you get so many letters of praise amongst your large correspondence, that my little mite will not count for much. But I send it just the same. The Critic & Guide is *fine*. I postpone everything when it arrives and read it thru from end to beginning.—I usually see what other folks have to say at the end and progress backwards.—Wishing you continued success and all good things,

Believe me, Your sincere admirer,

HENRY R. HARROWER, M. D., Kankakee, Ill.

Dear Doctor Robinson:—Enclosed please find my renewal subscription. I admire your fearless and able expose of anything and everything quack or shoddy. Fraternally yours,

M. N. BREMEN, M. D., Roxbury, Ky.

My dear Doctor:—Your January number is a "hummer." I enjoyed —twice—every page of it. Sincerely yours,

FRANK D. JENNINGS, 53 Woodbine St., Brooklyn.

Dear Doctor:—How we all admire a man like you, Dr. Robinson, who is not afraid to expose frauds and humbugs, and to stand up for what he considers truth and justice. You are doing a great work. Long may you be spared to continue it. Yours for health,

Dr. HARRIET A. WHITEHEAD, Spencer Bldg., Wausau, Wis.

Dear Doctor:—Enclosed find check for nine dollars for which credit me as follows: $2. for the Critic & Guide; $2. for one year's subscription to the American Journal of Urology, and $5. for copies of the Critic & Guide for years 1906 and 1907. Perhaps you wonder why I send for copies of the Critic & Guide for '06 and '07. I have loaned them to so many different M. D.'s, that I have none left, and price is no object where your journal is concerned. Yours,

L. H. BOTKIN, M. D., 39 N. Duquesne Ave., Duquesne, Pa.

Dear Dr.:—Enclosed find $1.00. I will take a life membership when this expires. Yours is the greatest of all journals—always forceful, fearless and with a message on neglected or avoided subjects. You are the Brann of medical literature. Fraternally yours,

D. B. FORD, Ph. G., M. D., Lexington, Ky.

Dear Doctor:—Enclosed please find check for $10.00 for a life subscription. I hope to enjoy your truthful and straightforward Critic & Guide for a good many years to come. Yours respectfully,

Dr. M. SCHLOTBOM, 2710 Penn. Av., Pittsburg, Pa.

Dear Doctor:—I am not sure when my subscription to the Critic & Guide expires, but enclosed you will find $1.00 for renewal. When I get

a copy of the Critic & Guide I feel like the colored man did when he got hold of a ripe and well dried nut. "When I open it," he said, "I find every cell full of goodie." Yours for continued success,

E. P. CLEMENS, M. D., 1017 West 5th St., Dayton, O.

Dear Doctor:—Success to the best medical journal that comes to my table! Most truly yours,

F. F. NETHERTON, M. D., Carney Bldg., Clinton, Mo.

Dear Sir:—Recently I found a copy of your Critic & Guide on my office desk, and was on the point of throwing it in the waste basket when the title of one of the articles caught my eye. I read that and then read another, and took it home with me that night and read *everything* in it. I take a good many "orthodox" journals, but I don't remember having read *everything* in one of them. This copy of the Critic & Guide has proven interesting enuf for me to subscribe to it, and since Therapeutic Medicine comes from the same source, I want it too. Of what the subject matter dealt with or the character of Altruria may be, I haven't any idea, but the enclosed check covers a year's subscription to it also. I anticipate some interesting and profitable reading from the three journals during the year. Yours very truly,

J. D. MILLER, Sec'y and Treas. Jackson Sanatorium,
Jackson, Miss.

Dear Doctor:—A notice that my subscription to the Critic & Guide needs renewing to hand, and am glad you informed me, as I don't want to be suspended—I think too highly of the Critic & Guide to do without it. Enclosed find $1.00. Would send more but am financially busted; hope to take for longer than one year next time. Best wishes for the Noble journal and for you individually—as the exponent of truth and justice. May you be spared many years hence. Yours sincerely, etc.,

O. C. SCARBOROUGH, M. D., 610 B'way St., Joplin, Mo.

Dear Sir:—Enclosed find $1.00 for which send me the Critic & Guide for 1908. I like its style; it rings like the pure metal. Very truly yours,

J. O. TERRILL, M. D., Vandalia, Mo.

Editor Critic & Guide:—Enclosed please find my subscription. I like your plain speaking and admire your courage. Sincerely yours,

FRIEDE VAN DALSEM, M. D., Huron, S. D.

Dear Doctor:—Enclosed please find my renewal subscription to the Critic & Guide. I greatly admire your bold stand on so many points. You are O. K. Respectfully yours,

N. R. LUTHER, M .D., Sweet Home, Ore.

Dr. William J. Robinson, of New York, is establishing the record of being the busiest medical editor in the country. He has edited the CRITIC & GUIDE and in such a way that it has attracted wide attention for its originality, brightness and good sense. More recently he added to his burdens the editorship of THERAPEUTIC MEDICINE, an active disciple of sane treatment. It is now announced that, with the new year, Dr Robinson will have a third journal under his guidance, for he has acquired THE AMERICAN JOURNAL OF UROLOGY, devoted to venereal and skin diseases. Robinson is a forceful and brilliant writer and in whatever literary work he is engaged, his individuality is very clearly seen.

Dr. GEO. T. PALMER in *The Chicago Clinic*, Jan. 1908.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1.00 - Single copy, 25c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. XI NEW YORK, MARCH, 1908 No. 3

A PROMISE.

We promise our readers to make the CRITIC & GUIDE during the present year more unique, more interesting, more helpful and in every respect more valuable than ever before. We trust that at the end of the year ALL our readers will say, as many do now, that the CRITIC & GUIDE is the one journal indispensable to every progressive physician.

Some Medical Aphorisms Analyzed.

Qui bene diagnoscit, bene curat.—This is a favorite aphorism with those physicians who consider labeling a disease and a correct recognition of its underlying pathologic changes the ultimate object of medicine and the highest goal of the physician. But the aphorism as it stands does not express the absolute truth; it is certainly not a non-debatable proposition. That, *all other conditions being equal,* the physician who is a good diagnostician will achieve better success than the one who is not, will not be disputed, and we have no intention of doing so. But to assert, as that aphorism does, that whoever is a good diagnostician is *ipso facto* a good therapeutist, is certainly wrong. That "he who diagnoses well cures well," would be true if two other factors were true, which is not the case. Those are: First, if every disease had *one* definite, well established, and undisputed plan of treatment. Were this the case, the thing would be simple. There being one definite treatment for each case, the thing would be simple. There being one definite treatment for each disease, the physician would simply have to diagnose the disease properly, and the treatment would follow; and that physician would treat most successfully who was the best diagnostician.

But as things are, the failure of a good diagnostician may be due to two causes: First, he may diagnose the condition rightly and not be able to do any good, because there may be no treatment for that condition in our present state of knowledge; or after having diagnosed the condition rightly, he may prescribe wrong or efficient treatment, or account of his lack of knowledge of therapeutics. And this is the particular point we wish to bring out. A physician may be able to diagnose with the utmost *finesse*, yet not be able to do as much good to the patient as the practitioner who is not so well up in the fine differential points, but who is devoting his life to the empiric relief and cure of conditions as he meets them.

The untenability of the above aphorism becomes especially apparent when it is put in juxtaposition with another aphorism, the force of which is being acknowledged by a constantly growing number of physicians. That aphorism reads: *Treat the patient and not the disease.* If this be correct teaching—and we believe it is—what is it but a confession that (with insignificant exceptions) there is no definite treatment for any disease; that in each and every case we must study the general condition of the patient, his vitality, the condition of his heart, his arteries, his digestive power, etc., and prescribe accordingly? We are called to a case of lobar pneumonia. The diagnosis is easily established. Does this tell us what to prescribe? No. Depending upon the age and general condition of the patient, the condition of his heart and pulse, etc., the treatment may in one case be the exact opposite of the treatment in another. In one case we may have to prescribe cardiac depressants, like aconite and veratrum viride; in another, cardiac tonics like strychnine and digitalin. This shows that merely the correct labeling of a disease is alone not sufficient as a guide for treatment.

Treat the cause and not the symptoms.—This aphorism is supposed to incorporate the acme of medical wisdom, and it certainly looks very plausible. Its wisdom and truth in many cases are incontestable. But the trouble with this statement, as with many others, is that in attempting to make it universally applicable, its fallacy becomes apparent. The subject is of sufficient importance to deserve analytical elucidation. It is of importance because a principle of practice is at stake. Let us consider a few symptoms of disease, and we shall see where we would land if we refused to treat them.

Pain.—This is one of the most common and most prominent symptoms of disease that the physician is called upon to relieve; and to relieve pain has always been one of the most important and pleasant duties of the followers of the healing art. In many conditions the pain which is admittedly a disease symptom and not a disease entity is so severe that relief is imperatively demanded and must be furnished at all hazards, or the physician has no reason for existence. But it is not only from humani-

tarian motives that pain must be relieved. As we have shown elsewhere, a symptom of disease may in itself cause dangerous sequelæ. Long-continued pain, by preventing sleep, causing anorexia, and racking the nerves, may cause more damage to the system than the original disease which caused the pain. The pain of glaucoma, ear disease, tic douloureux, sciatica, peritonitis, the passage of calculi, etc., is sufficiently illustrative of what we have just said.

Cough. Cough is of course a symptom of disease, but still we must frequently treat it, because if untreated it aggravates the original trouble and causes other injury. Even in simple bronchitis that variety of cough known as a dry, "useless" cough—cough unaccompanied by expectoration—must be treated and relieved. Otherwise it may cause an extension of the inflammation; it will also weaken the patient, by preventing sleep, cause soreness of the chest, etc. In whooping cough the attacks have been known to cause cerebral apoplexy. In pulmonary tuberculosis the incessant hacking cough drags in its train very disagreeable sequelæ; it exhausts the slender vitality of the patient; it prevents his sleep, of which he is so much in need; it often causes vomiting, thus depriving the patient of his food; and it may be the direct exciting cause of a severe pulmonary hemorrhage. The propriety, therefore, of directly treating the troublesome symptom, cough, should be fully apparent.

Fever.—Of the necessity of treating that symptom, when it has reached a certain degree, we spoke in a previous editorial.

But not only is treatment of symptoms justifiable on the ground that they may, if not attended to, cause dangerous, sequelæ; in many cases we simply have no choice, because the original disease is not amenable to treatment. We shall take a single illustration: in cirrhosis of the liver the etiologic factor, the cause, is alcohol or whiskey. We certainly cannot pump the whiskey out of the patient; and the cirrhosis itself, the connective-tissue change in the liver, is not amenable to treatment. However, there is a train of symptoms and changes which the cirrhosis produces—the portal stagnation, the gastro-duodenal catarrh, the anorexia, the constipation, etc., etc.—which must be treated and relieved if the patient is to be made more comfortable and his days on earth prolonged.

To summarize: If the symptom of the disease is of a trifling character, causing but little discomfort and threatening no sequelæ, it should be left alone. If by treating the cause of the disease, we remove both the disease and its symptoms, this course should be pursued. In all other cases the treatment of the symptom-complex of the disease should engage our attention as much as the disease itself. In many cases all we *can* do is to treat the symptoms; the disease itself is beyond our control.

"Prescriptions."

Prescriptions in medical journals and in text-books are looked down upon by a certain class of physicians. Still they are indispensible to the everyday general practitioner. Suppose the young doctor has a case of chronic laryngitis and looks up his latest edition of Osler for the treatment. Here is the entire treatment as given by Osler: "Among the remedies most recommended are the solutions of nitrate of silver, chlorate of potash, perchloride of zinc [by the way, there is no such a thing as perchloride of zinc, there is only a chloride of zink, Zn Cl2], and tannic acid. Insufflations of bismuth are sometimes useful." Now, kind sirs, of what benefit is such information to any physician, young or old? What practical use can he make of it? Shall he use the nitrate of silver 1-10 per cent. strong, or 5 per cent. or 50 per cent.? Shall he use the chloride of zinc in 1 per cent. solution, or shall he burn and destroy the patient's throat with a 50 per cent. solution? Such infinite, practically useless, information characterizes many of our text-books, and as long as this is the case, there will be a very definite demand for clear explicit statements and clear-cut prescriptions.

Guesswork in Medicine

Among the many charges that the quasi-reformers delight in heaping on the head of Medicine, the favorite one is that medicine is not a bit of science, but pure haphazard guesswork. As a proof of this they offer the fact that if a patient goes to two or more physicians and presents or feigns to each one the same symptoms, the prescription given by the several physicians will rarely or never be the same. A case came to our notice where a strenuous female reformer visited six physicians in one day, told them—so she claims—in the identical words the trouble from which she was supposedly suffering, and got five prescriptions, of which no two were alike, while one of the six physicians prescribed no drugs at all, advising only hydrotherapy and massage. Under the circumstances the female reformer considered herself perfectly justified in denouncing medicine as a humbug and the merest guesswork. She was sure that the physicians simply guessed and prescribed whatever came into their heads; this was the reason no two prescriptions were alike. If medicine was a real science, the same drugs would always be prescribed in the same condition. This not being the case, it follows that all the drugs are worse than useless, etc.

The following reply rather knocked the bottom out of all the reformer's argumentativeness. If a hungry man went into six different restaurants and ordered something to eat—anything that would satisfy his hunger, without specifications—would the waiters in each restaurant bring him exactly the same thing? Isn't it *more than likely* that the dishes would all be different, and would

that prove that all the dishes were worthless for the purpose of appeasing one's hunger? Of course not. We have an analogous condition in the case of the different prescriptions. It simply shows that we have many drugs useful for the same condition. Supposing the physicians think that the patient needs a diuretic; one may prescribe sparteine, another theobromine, another squill and buchu, or potassium citrate, spirit of nitrous ether, etc.—different remedies to produce the same or a similar result. But even if the remedies be of an entirely different character, belonging to different classes of medicines, that does not show that the treatment is not right. Supposing a patient suffered from a moderate degree of auto-intoxication. All agreeing that the emunctories must be stimulated, one physician may consider it proper to call upon the kidneys for more energetic work and prescribe a diuretic; a second physician may prefer to stimulate the alimentary canal and prescribe laxatives or cathartics; a third one may think it best to call into action that most important gland, the liver, and prescribe cholagogues; a fourth one may decide to cause the elimination of the toxins thru the millions of skin-pores and prescribe a diaphoretic; a fifth one may very wisely think it best to combine all the remedies in small quantities, and thus work at once on all the emunctories; a sixth one may not prescribe any drugs at all, but may prefer to obtain same results —more slowly, but just as surely—thru massage, hydrotherapy, gymnastics, walking, horseback riding, etc. Many different remedies, many different methods, but all equally efficient means towards the same end. The non-informed layman gets bewildered, of course, on seeing such a multitude of different methods used for the same disease, but far from showing "guesswork," it shows how rich and varied our resources are in some diseases.

It is silly and puerile to claim—as is done in some quarters—that medicine is at present an exact science. No, it is not. We are in the dark as to a good many points, and we have much, very, very much, yet to learn. But there is one thing that we should like the quacks, the quasi-reformers, and all other detractors of medicine, to remember: *There is a vast difference between not knowing everything and knowing nothing!*

The Death Rate of the City of New York.

The Death Rate of the City of New York as affected by the Cosmopolitan Character of Its Population (Med. Record, Jan. 25) by Dr. W. H. Guilfoy, registrar of records of the New York City Department of Health, is full of interesting and thought provoking facts and figures. We can only give here two or three points. In the table of mortality from pulmonary tuberculosis little Switzerland leads the list with a rate of 564, Ireland is next with 476, Bohemia follows with 438, then comes Scotland, Austria-Hungary and Italy in the order named, the Jews of Russia-Poland bringing up the rear with the lowest rate of 172.

The Italians lead in the mortality from acute respiratory diseases, none of the other nations being a close second. The enormous mortality rate of Italian children from broncho-pneumonia is 7½ times higher than that of American children.

Considering the mortality of certain selected square blocks inhabited exclusively by "foreign" nations we find that the negro block leads. While the general mortality of the city is 18, the mortality of the negro block is 38 per 1,000! Next come in order the Syrian block with a rate of nearly 36 per 1,000, the Chinese block with 34.6, the Irish block with 24.6, the Bohemian and Italian blocks with 19.5, the Russian-Polish block with 17.4, the Austro-Hungarian with 16.4 and finally the German block, with the lowest mortality of all, 16.3. There are thus three foreign nations—the Russian-Polish Jews, the Austro-Hungarians and the Germans that have a lower mortality rate than the general mortality rate of the city, which is about 18.5.

S alicylateof Starch."

"The inflamed region [in erysipelas] may be covered with salicylate of starch." This is what Osler advises in the treatment of erysipelas. Of course, it's an absurdity. There is no and there can be no such thing as salicylate of starch. Starch is not a base and does not form salts with acids. Osler undoubtedly meant a mixture of starch and salicylic acid. Our foremost diagnosticians and pathologists are very frequently weak in pharmacology, chemistry and—therapeutics.

Dosage the Bane of Medicine, With an Interesting Illustration.

Apropos our editorial in January issue: Dosage the Bane of Medicine, and our statement that thousands of patients die annually because of our too slavish adherence to text-book doses, a subscriber from this city reports to us the following case. He was treating a desperate case of asthenic pneumonia. The patient's heart was getting weaker and weaker, the pulse was 120-140 per minute and at times hardly perceptible. He was administering fluid extract of digitalis in minim doses every three hours, but the drug seemed to have no effect. The patient was steadily losing ground, in fact was sinking. Dr. A. Jacobi was called in consultation. He examined the patient and confirmed the fact that he was sinking. He inquired what cardiac stimulants he was receiving and the doctor told him. He also told him the dose. "You better give him 10 minims per dose," said Jacobi. The doctor stood aghast. "But the maximum dose is only 2 minims," ventured he, thinking that perhaps Jacobi made a mistake. "Never mind the maximum dose," said Jacobi. "And besides, what have you to lose? The patient is sinking anyway." The doctor administered 10 minims with some trepidation. The first dose showed improvement. After a few doses the change was remarkable and the patient made a rapid and uninterrupted recovery.

Do We not Often Starve our Patients?

To the same physician who related to us the case referred to in the previous editorial, we are indebted for the report of the following case. The patient was a little girl three years of age; her parents were tubercular and she herself was suffering from spinal curvature. When such a patient gets pneumonia, it is generally of a very severe character and recovery by crisis is the exception. As a rule the patients drag along indefinitely becoming emaciated to the extreme. This was the case with this patient. For several weeks the temperature ran between 103 and 105 degrees and the symptoms pointed to the presence of abscesses in the lungs. Under such temperature the doctor would not permit a regular solid diet. She was kept on milk and predigested foods. She became a living little skeleton. Finally she became so bad that it seemed useless to attempt any further treatment and the doctor gave up all hope of saving her. Still to satisfy the parents and as a *dernier ressort* he decided to call in counsel; again Jacobi was the consultant. He examined the child, diagnosticated with positiveness the presence of abscesses in the lungs, said that chances were very poor, and ordered a—regular full diet. "Let the child eat whatever she wants." Again the doctor stood aghast. A full solid diet with a temperature of 104 degrees? "What have you to lose?" was again the calm rejoinder. "Unless something is done to increase her vitality, she will surely die in a few days." A full generous diet was ordered and the improvement was immediate. Not only in the subjective symptoms, but even the temperature began to go down. Evidently the starved organism began to assimilate the food rapidly and the phagocytic and antitoxic power of the blood became increased. Within a few days the abscesses broke, the child vomiting each time large amounts of pus. After that the recovery was rapid, and the child became healthier than she ever was before she was taken sick.

This case, if carefully pondered, will teach us several lessons; but we commend it particularly to the attention of those half-baked, home-made physiologists, who think they have discovered the source of all wisdom when they tell us that all food must be kept away from people who are sick. While an occasional dose of starvation is good for the plethoric, the obese and the glutton, we fear as a universal panacea starvation is a miserable failure and is responsible for more deaths than any other therapeutic fad.

Do not let your patients starve.

If you fail to receive a copy of the Critic & Guide, notify us during the current month and you will receive another copy free. We are anxious you should have complete volumes of the journal.

And we will add that non-subscribers have no claim whatsoever upon our time, labor and humble knowledge.

Neurobion—A Typical Fake.

We devoted in the past so much space to exposés of various fakes and nostrums, that we have decided to give the subject a rest for a while. But some of the fakes brought to our attention are so brazen that it is difficult to refrain from making any comments. The physician should demand the formula of every preparation he prescribes; but the formula should be a real true formula, intelligible to every physician and chemist of ordinary knowledge. A fake formula is worse, of course, than no formula at all, and when a physician sees that a manufacturer is trying to impose on him, to befog his brain by giving an impossible, unintelligible cabbalistic formula, he should let the manufacturer know his opinion of him and his product in no uncertain terms.

The Vass Chemical Company, which has its abode in Danbury, which is in the State of Connecticut, manufactures an "ethical" product under the euphonious name Neurobion. The claims for this product are quite modest. That's all the manufacturers claim:

"By the use of this remedy we have a new way of feeding the nerves. It is indicated in cases of nerve exhaustion or starvation, such as: Neurasthenia, Insomnia, Hysteria, Perverted or Retarded Metabolism, Muscular Atrophy, Paralysis Agitans, Chlorosis, Anæmia, Chorea, Epilepsy, Phosphaturia, Diabetes, Neuralgia, Impotence, Alcohol Habit, Acute Alcoholism, Vomiting of Pregnancy, Seasickness, in Convalescence following exhausting acute diseases, Refrigerant in all Febrile conditions, Nervous Headache, Cigarette Habit, Tobacco Habit, Alcohol Habit."

Only twenty-five conditions. But the *piece de resistance* will be found in the formula. We really cannot see how a physician can hesitate a minute, after he sees this beautiful truthful formula. Here it is, exactly as given by the manufacturer:

FORMULA:

Each c. c. contains approximately:

P.	In	.01	gm.
As.	organic	.000066	mgm.
I.	combination	.000066	"
Anacardium.			
Ignatia.		aa .000075	mgm.
Trinitrophenol.			

Just think of it. Each c. c. contains 66-1,000,000 (sixty-six millionths) of a milligram or one millionth of a grain of arsenic and iodine and 75-1,000,000 of a milligram of the last three ingredients. It is a wonderful combination. Yes, it is such fakes, frauds and humbugs, that throw discredit upon non-secret proprietary preparations of true merit.

The Ophthalmic Tuberculin Reaction.

This test for tuberculosis seems to us of very questionable propriety. In fact it seems to us brutal to inoculate the con-

junctiva with tuberculin for the purpose of detecting whether or not the patient is tuberculous. We certainly would not like a member of our family subjected to it. But not only is the test unreliable and misleading; it is also dangerous. At a recent meeting of the Société Médicale des Hôpitaux of Paris, Barbier and Rénon reported some pretty dangerous accidents which occurred in some of their patients. Barbier's patient nearly lost his eyesight. In one of Rénon's cases there was intense conjunctivitis lasting for forty-five days; in another case there was extensive interstitial keratitis with iritis, which lasted for over three weeks with adhesions which required the use of atropine and eserine.

In short, Calmette's loudly heralded reaction is brutal, unreliable and dangerous. V. Pirquet's cutaneous tuberculin reaction is less dangerous than Calmette's, but is just as unreliable.

When will our profession cease to run after strange gods, when will it cease worshipping at the shrine of fads and follies, when will it acquire the discrimination, the poise, the scepticism which should characterize every true scientist?

Increase in Nervousness.

Dr. Forbes Winslow writes with regard to nervous diseases that cases of disease of the brain and nervous system are not only of more frequent occurrence, but that a certain unfavorable type of cerebral order develops itself in the present age at a much earlier age than formerly. Softening of the brain, for instance, often manifests itself at the early age of thirty and thirty-five. The brain in the present day is overworked, its psychical functions are unduly exercised, strained and taxed in the great effort required in the severe struggle and battle of life to obtain intellectual supremacy, professional smolument and status.

Now, don't get frightened. Forbes Winslow wrote this in 1857—just half a century ago (Journal of Psychological Medicine, July, 1857). And I find the same complaint of the brain being overworked, of our living too rapid a life, etc., in books written a century ago. And the same applies to physical deterioration. Writing in 1782, Dr. Hamilton complained that "our constitutions are considerably changed within the last century in Great Britain."

Baccelli, Koch, and an Interesting Incident Pointing Out Some Lessons.

In his opening address before the Eleventh Italian Congress of Internal Medicine, Prof. G. Baccelli related the following curious incident: One day while Prof. Koch was in Rome studying malaria, he paid a visit to the hospital of which Baccelli had charge, and there saw a patient dying from pernicious malarial fever. Koch requested that the corpse be saved for him for his

investigation. After he left the hospital, Baccelli's friend, Prof. Rossoni, gave the patient an intravenous injection of quinine hydrochlorate. When the celebrated bacteriologist came the next day to commence his studies on the cadaver, he found the patient fully alive and with no immediate indications of becoming a cadaver. Prof. Koch's wonder was so great that he did not believe his own eyes.

Baccelli relates this incident in order to show the great efficacy of the intravenous injection therapy. To our mind, it teaches several other lessons. It teaches that the incurable and "absolutely fatal" condition of to-day may be the curable disease of to-morrow; it teaches the truth of the homely adage that as long as there is life there is hope, and that it is unwise to sell a bear's skin before the animal is killed. In other words, that it is risky and unwise to give an *absolutely* unfavorable prognosis in almost any case. In short, this incident corroborates the lesson that we tried to convey in our January editorial, "Be Guarded in Your Prognoses." To the medical cynic of a certain class this incident will probably serve as a corroboration of his belief that to Koch and the medical scientists of his type the postmortem findings are of considerably more interest than the cure of the patient.

Usefulness of Digestive Ferments.

We have always believed in the usefulness of the digestive ferments. In spite of theoretical considerations, we believe that pancreatin does not become inert in the stomach. If it does, the inertness is only temporary and it regains its power on reaching the intestines. Prof. W. H. Porter is of the same opinion. In an exhaustive article in Post-Graduate (October, 1907,) occurs the following statement:

After administering these extracts [pancreatic] alone and in combination for more than two decades, in all forms and types of indicanuria and disturbances of metabolism, the accumulated clinical experience and data obtained, certainly justify, beyond a question of doubt, the assertion that *these extracts* when properly made and carefully preserved *do pass through the stomach without losing any of their digestive activity.* That when they are brought into the natural place for their activity, *they again assume their action* and are of inestimable value as therapeutic agents."

We have mentioned Metchnikoff's calomel ointment for the prevention of syphilis. The enterprising Paris drug stores are now doing a brisk trade in ready put up calomel ointment, which is sold under the name of "Pomade de Metchnikoff."

Danger in Absolute Prognoses.

In a former editorial, entitled "Be Guarded in Your Prognoses," we called attention to the difficulties of a positive diagnosis in many cases. It is consoling to see that these difficulties are not peculiar to the average practitioner only, but that even the pillars of the profession encounter them once in a while. Speaking on the subject of diagnosis in true angina and in pseudo-angina, Professor Osler states:

"One must be a professional Ulysses in craft and wisdom not sometimes to err in estimating the nature of an attack of severe heart-pain. There is no group of cases so calculated to keep one in condition of wholesome humility. When you jostle against a hale, vigorous specimen of humanity, who claps you on the back and says: 'The deuce take the doctors! I have scarcely yet gotten over my fright,' you would like to forget that five years before you had almost signed his death warrant in a very positive diagnosis of angina pectoris vera. On the other hand, Mr. X. has left you with the full assurance that his cardiac pains are due to overwork or tobacco, and you have comforted his wife or lifted a weight of sorrow from both by your most favorable prognosis. With what sort of appetite can you eat your breakfast when, a week later, you read in the morning paper the announcement of his sudden death in the railway station? Or to take another aspect, poor Mrs. Doe has gone softly all these years in the bitterness of her soul since you took that grave view of her vaso-motor or hysteric angina."

And so, let the average practitioner be careful in his diagnoses and prognoses, but let him not feel so very dejected when he has made an error. The big ones make them, too, tho less frequently, perhaps.

Tertiary Lesions 54 Years After Infection.

In the Lyon Medical (No. 44, 1907) Dr. Bodnet reports the case of a patient who had a syphilitic chancre in 1853 and was treated for it by the famous Ricord. He took mercurial pills for one month, then he stopped treatment entirely. For 54 years he has had no signs of the disease. In 1907 two gummata developed in the forearm, and they disappeared under potassium iodide. The patient is 79 years old and enjoys excellent health in general.

When a layman begins to meddle in matters medical he generally muddles up things. Perceive Mr. Bok's attempt to prevent physicians prescribing what they prefer. Dr. S. Solis Cohen deserves the thanks of the profession for having counteracted the pernicious effect of the blabbering of the blatant Bok.

Coffee and Caffeine.

We ourselves have witnessed the following: A patient was complaining of headaches, and palpitation of the heart. The physician ordered the absolute discontinuance of tea and coffee. And then he wrote a prescription containing 5 grs. of phenacetin and 2 grs. of caffeine to each dose. Now why prohibit the use of tea and coffee and order 2 grs. of caffeine 3 to 4 times a day? When I gently called the doctor's attention to the funny absurdity, it took him some time to see thru it, but when he finally did, a very amazed and shamefaced man was he. Between caffeine on the one hand, and tea and coffee on the other, we prefer the latter. The hot water alone is a valuable remedy.

The True Physician Versus the Fakir.

Fresh air is a good thing, a necessary thing. It will prevent many and will cure some diseases. But he who bombastically talks of fresh air as the only great remedy, the only panacea against all human ills IS A FAKIR.

People who always live in fresh air are also sick and we have seen Swiss guides—men who always breathe the purest and richest air—die with tuberculosis.

Exercise is a good thing. It will prevent some diseases and it will also cure some (tho very few). But he who claims that exercise is a panacea against all human ills and is in itself superior to all methods of treatment IS A FAKIR.

Athletes as a rule do not enjoy very long life. Many diseases are undoubtely aggravated by exercise, and people can be perfectly healthy without any artificial exercise. This may seem heretical, but it is so.

Diet, a moderate, varied, well-proportioned diet, is a good thing. It will prevent and it will cure some diseases. But he who claims that improper diet is the cause of all our ills and that by regulating the diet he can cure all diseases, including nephritis, cancer, etc., IS A FAKIR.

The human organism is a remarkably adaptable piece of machinery, and we believe that normal persons will do best to trust their appetites in the matter of diet. Measuring your food by calories and percentage of proteid, carbohydrate, fat, etc., is in the case of healthy people, unwise. Some of the worst dried up dyspeptics are to be found among the rule-of-thumb dietarians.

Will our subscribers kindly remit for the year 1908, without waiting for a bill? Remember 3 dollars for 4 years, 10 dollars for life; or 1 dollar for one year.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Treatment of Dyspnea.

After canvassing very thoroly the various causes of difficult breathing and cyanosis, von Neusser, in his monograph on the subject, reviews the rational therapy of these different pathological conditions which manifest themselves clinically by the common symptom of dyspnea.

In the cardiac forms, where cyanosis predominates, indicating a stasis in the right heart, and where the desideratum is to gain time for the heart, digitalis is the prime remedy.

When, on the contrary, along with the dyspnea there is a hard, accelerated pulse, pallor, and exacerbations of dyspnea at night, indicating pressure on the other side of the heart, digitalis is worse than useless. Potassium iodid and milk diet are indicated here.

When the dyspnea is due to effusions into the serous membrane of the thorax the rational treatment is one which will drain and absorb the excessive fluid, especially the administration of diuretics, which act directly on the kidneys and not on the circulation, such as squills, diuretin, etc.

Opium or some of its derivatives are indispensable where the dyspnea is due to irritation of the cardiac plexus or the pulmonary fibres of the pneumogastric, as in dyspnea of bulbar origin. The nitrites are useful in cases of this kind, because they relieve by peripheral dilation the pressure against which circulation and respiration have to labor.

For the treatment of renal dyspnea no general rules can be laid down. The difficult breathing is almost always due to some circulatory or pleuritic trouble coming under the head of those conditions already referred to, and must be dealt with accordingly. Von Neusser discusses the use of inhalations of oxygen in dyspnea. He thinks that morphine poisoning is a distinct indication of oxygen. He cites a grave case of morphine poisoning where the patient was saved by tracheotomy and artificial respiration, with pure oxygen administered thru the tracheal canula, and believes that the oxygen feature of the treatment should be used in all cases.

In all of those instances where the physiologic basis of the dyspnea is an insufficient oxidation—of course, that is ultimately the basis of dyspnea in every case, but he means where it is the prime etiology, as in anemia, leukemia, phthisis, etc.—he recommends oxygen breathing as a means of relief.

Bier Hyperemia Treatment.

Passive hyperemia is rapidly becoming recognized as a standard method of treatment in acute inflammations and suppurations, but in order to be effective and safe the technic of the treatment must be properly understood and carefully carried out. The bandage is always applied at a considerable distance above the seat of injury, according to Bier's own directions; e. g. in a whitlow it is applied around the upper arm, in an injury to the foot around the thigh. The bandage is put on sufficiently tight to interfere with venous return, but not so as to seriously diminish the arterial flow; the acuter the case the lighter the bandage. The pulse should be easily felt below the bandage and the limb should be warm. The relief of pain is a good test of the degree of tightness.

After a few minutes the whole limb begins to swell, and the fiery red color, formerly limited to the part inflamed, extends up to the bandage. When this edema is well established serum escapes freely from any wound that may be present. There must be nothing tight below the bandage. Severe cases should be treated in bed. The passive condition in bad cases should be kept up for twenty-two out of twenty-four hours, and this diminished by degrees to eight or ten hours. In parts of the body where there is no room to change the bandage Bier recommends that the duration be limited to eight or ten hours. In the intervals of relaxation the limb should be raised, to favor absorption.

As a general rule the patient is soon eased of pain and feels better, the pulse improves, and the temperature falls. The fall occurs very rapidly when the inflammation is due to absorption of poison from the inflamed area. As this improves by the use of the bandage it responds less and less to constriction of the limb, until the reaction is almost as little as it would be in health. Pus must be let out, but incisions need not be extensive. If blisters appear the bandage has either been too tight or suppuration has occurred and must be let out. Great care must be exercised for the first two days.

In the treatment of tuberculous cases congestion must only be kept up for one or two hours daily. In whitlows and suppurations of tendon sheaths Bier finds that numerous small incisions give all the outlet required, with a minimum of injury to the important parts and minimum development of scar tissue. An unopened joint containing pus is punctured with a small needle merely for diagnostic purposes, but is neither opened nor drained, gentle passive movements being begun as soon as the anesthetic effects of the construction have worn off.

Heart Stimulation in Pulmonary Hemorrhage.

In those rather rare cases of pulmonary hemorrhage in which the patient becomes rapidly exsanguinated, and all the

symptoms of collapse appear, it becomes necessary to administer a cardiac stimulant, and the choice of such a remedy is a question of some nicety. Dr. Dickey, of Toledo, points out that the one first thought of and usually administered is the very one which should not be given—digitalis. Under no circumstances, he declares, should digitalis in any form be given in the treatment of pulmonary hemorrhage. It augments the force of the heart's action, increases peripheral tension, and what is worst of all, increases the pressure in the pulmonary circuit, forcing out the partially formed clot.

Dickey recommends camphor, hypodermically, in these cases, to be given in sterilized olive oil, one part camphor to four of oil, 15 to 30 minims of the mixture to be administered at a time. Aromatic spirits of ammonia he regards as valuable, but its action is so transitory that it has to be repeated frequently. Hypodermoclysis and enteroclysis of normal salt solution are extremely useful.

Francis Hare, of London, extols the virtue of amyl nitrite in controlling pulmonary hemorrhage, by means of its dilating effect upon the capillaries and consequent lessening of blood pressure. He points out that amyl nitrite promotes widespread dilatation of the systemic arterioles, with acceleration of the cardiac action, the latter being evidently a conservative compensation to prevent a serious fall in arterial pressure. This compensation, however, is never entirely adequate, and a material fall in blood pressure always does ensue. This fall in pressure, commencing at the peripheries, travels backward thru the left ventricle and auricle into the pulmonary circuit, and thus gradually and passively lowers the pressure in the lung, tending to cause a cessation in the hemoptysis.

Norman Bridge endorses the same therapeutic prinicple, and warns against the use of ergot in pulmonary hemorrhage, as tending to raise the pressure. He lays down the general doctrine that the patient is most likely to survive a large lung hemorrhage when the blood pressure of the parts is lessened to the utmost degree consistent with safety.

Drugs in Epilepsy.

B. Sachs believes that the treatment of epilepsy is best carried out on the assumption that the attack is due to over-action of the cortical cells. Gowers explains the influence of the bromids by stating that "if we regard the morbid state in epilepsy as an instability in the resistance of the nerve cells, it seems probable that the effect of the bromid is to increase the stability of that resistance." Whatever the explanation may be, we have up to this time found no drug that can in any sense be regarded as a substitute for the bromids.

To be sure, very few cases of epilepsy have been permanently cured by bromids, or for that matter by anything else. But they undoubtedly serve to check the number and severity of the attacks. In order to accomplish this object, however, they must be given in a definite and systematic way. Sachs recommends the bromid of sodium, to be given, according to the age of the patient, in doses of ten to fifteen grains three times a day. If given in a wineglass of alkaline water after meals its gastric effects will be considerably lessened. Erlenmeyer suggests that a combination of the bromids of sodium, ammonium, and potassium is better than a single salt, but evidence on this point does not seem convincing. The bromids should be pushed to the point of tolerance, until the attacks have been diminished or inhibited. The loss of the palate reflex is evidence of thoro brominization, but in children intolerance is very apt to be established before this point is reached.

The bromids can, if desired, be given in divided doses thru the day, but unless there is some good reason for this, it is advantageous to give the entire amount in one daily dose upon retiring. For one thing, the stupefying effect of the drug is not felt as distinctly as when given during the day, and besides, the sound sleep that follows is a distinct advantage to the patient. In nocturnal attacks the bromid should only be given at bedtime.

Seguin recommends that the plan be followed of giving bromids on much the same principle that quinine is given in malaria. In other words, the bromid should be given according to the periodicity of the attack, giving little in the intervals, and increasing the dose very much at times when an attack is expected; or, if the attacks are frequent, give the drug four or five hours prior to the time at which the seizures have occurred. Sachs thoroly endorses this plan. It is wise to keep the patient in a state of mild bromism for at least a year after the attacks have ceased, altho the dose may be lessened. Sachs recommends the following combination: Sodii Brom., gr. x; Chloral Hyd., gr. v; Tr. Belladon., m. iij.

In chronic epilepsy, with headaches, he advises cannabis indica as a substitute for bromids. He thinks the use of iron and arsenic both rational and beneficial, by virtue of their restorative effect upon the blood and nutrition of the patient.

Older patients, who have distinct warning of their attacks, should be provided either with pearls of amyl nitrite, which they can break and inhale at short notice, or else with a mixture of equal parts of chloroform and nitrite of amyl, which can be carried in a small vial and poured upon a handkerchief for inhalation as soon as the aura is experienced.

Guaiacum in Gout.

Yeo refers to the high commendation given by Garrod to the use of guaiacum in chronic articular gout. "I could relate,"

says Garrod, "many hundreds of cases in which guaiacum has proved specially valuable. In some its action is almost magical. I have for twenty years or more employed guaiacum very extensively in the treatment of chronic gout in some thousands of cases, and there is no remedy of which I can speak so confidently." Yeo thinks it remarkable that so little attention has been paid to this recommendation, and quotes a letter, dated October 23, 1813, in his possession, referring to a "lately discovered medicine" for the cure of gout. The secret had been brought from America by a British soldier. It had been given with almost unfailing success to vast numbers of his fellow pensioners at Chelsea Hospital. For a long time the man who possessed the secret would not entertain any proposal to divulge it, but at length he accepted a payment of $2,500 cash and an annuity of $1,000 and gave the formula, which is as follows:

Guaiacum Powder. ..... dr. i
Rhubarb. ..... dr. ii
Cream of Tartar. ..... oz. i
Flowers of Sulphur. ..... oz. ii
Clarified Honey. ..... oz. xvi
One Nutmeg, powdered fine.

The dose of this mixture is two teaspoonfuls every night and morning, or in mild cases every night only. Yeo testifies to the efficacy of the mixture, which he uses and finds to give great relief to the muscular pains of gout.

Treatment of Whooping Cough.

Marseen, of Manchester, England, in his recent summary of the treatment of infectious diseases, points out that the suddenness with which the paroxysms of coughing come on and their markedly spasmodic nature, the intense anxiety frequently exhibited by the patient, and the characteristic adduction of the laryngeal muscles during inspiration, are all evidence of a nervous excitement which may have serious consequences, as asphyxiation, pulmonary collapse, emphysema, convulsions, etc., and which must be combated by sedatives. He recommends bromoform as a valuable antispasmodic in the following formula:

Bromoform. ..... dr. ss
Tinct. Senegae. ..... dr. iijss
Syr. Aurantii. ..... oz. ss
Aquae (added gradually and well shaken) q. s. . oz. vj
Sig.—Two teaspoonfuls to a tablespoonful as needed.

On account of the high specific gravity of bromoform great care is needed in its dispensing, and the mixture must be well shaken before administering each dose.

He states that the evaporation of a little carbolic acid periodically in the room acts as a further sedative. This may be accomplished either by sprinkling a few crystals of carbolic acid

over live coals held on a shovel in the room, or more continuously by vaporizing the crystals slowly over a spirit lamp or by placing a quantity of 1-20 solution in the water of a bronchitis kettle. In older children a two per cent. solution of salicylic acid or resorcin may be sprayed into the throat.

Dr. George W. Webster, of Chicago, recommends in this connection the following prescription:

Resorcin. .....gr. xv
Quininae Tan. .....gr. x
Pulv. Acaciae. .....oz. i

Make an impalpable powder and use by means of an insufflator.

In cases in which the spasm of the adductor laryngeal muscles persists unusually long, benefit is obtained from the use of quinine and antipyrin, one grain of each twice a day for a child one year old, a grain being added for each five years, or ten grains of fluid extract of grindelia every four hours in an infant.

It should not be forgotten that when, as is not infrequently the case, the patient is intractable to the administration of medicines by the mouth, suppositories can often be made with cacao butter and medication thus introduced per rectum.

Gout.

It is strange how things change. Gout was once distinctly a rich man's disease. It was a joke to say about a poor man that of one thing he could be sure: he would never die of the gout. Now gout is more common among the lower classes. The reason is twofold: the lower classes eat more meat and drink more beer than was the case in the past, while the rich and wealthy live a more hygienic life, attend more to exercise, fresh air, baths and elimination.

Eczema is frequently associated with gout. Undoubtedly both are manifestations of the same underlying cause.

It would be poetic justice to see a therapeutic nihilist attacked with gout, and note his change of opinion after a good dose of colchicum or colchicine.

Night Sweats in Phthisis.

Noble P. Barnes recommends the following combination in the control of night sweats in consumption.

Atropine sulf. .....gr. 1-120
Agaracin. .....gr. j
Picrotoxin. .....gr. 1-6

To make one pill. Sig.—One or two pills on retiring.

If, for any reason, atropine be objectionable, he advises the substitution of the following prescription:

Ex. Nuc. Vom. .....gr. jss
Ex. Ergotae. .....gr. 1

Div. in pil. x. Sig.—One or two on retiring.

For the night sweat there is nothing like a cold room with an abundance of fresh air. A glass of diluted top milk and a few crackers before retiring often act as an antisudoral. Night clothing must be light and warm. Pajamas are useful because they keep the surfaces from coming together. The gradually cooling shower bath, followed by vigorous rubbing with a bath towel, is excellent. When sweating does occur the clothing should be changed; in fact, it is well to change to another bed. When the skin is cold and clammy, sponging with diluted tincture of capsicum is beneficial.

All diabetics whose urine shows a marked diacetic acid reaction should be placed on sodium bicarbonate. As much as 3 to 4 ounces may be given daily.

Nothing is superior to a combination of codeine and antipyrin in diabetes. Sodium salicylate and aspirin are also very useful.

Some forms of pulmonary tuberculosis react more definitely to arsenic than to any other remedy. It is indicated in cases with excessive expectoration and slow degenerative processes.

The quinine treatment of pneumonia is again being revived. The initial dose is 40 to 70 grains.

Bryant (Austral. Med Gaz.) reports 200 cases of typhoid fever treated with guaiacol inunctions with only *one* death.

During an epidemic of influenza Broadhead advises 2 grs. of quinine every morning as a prophylactic.

Chopin reports a case of pleurisy, with effusion, cured by injecting intrapleurally a 2 per cent. solution of formalin in glycerin.

People suffering from obstinate habitual constipation should try complete abstinence from meat. Kohnstamm believes that among the products of the intestinal digestion of meat there are substances which have a direct inhibiting effect on peristalsis or render the intestines dry.

Relapses in typhoid fever are more common in children than in adults.

Dr. Danreuter states he had twelve cases of erysipelas which he treated by painting the eruption and a generous border of the healthy surrounding skin with tincture of iodine. In no case was there an extension of the erysipelatous rash.

Amyl nitrite produces dilation of the peripheral vessels with pronounced anemia of the pulmonary tissue; hence its value in hemoptysis.

The statement is made in *The Medical Council* that a case of writer's cramp of fifteen years' duration was cured by the simple process of tying a piece of rubber tubing round the arm over the biceps muscle, morning and evening, for twenty minutes each time. Within a week the improvement was distinctly apparent.

Gross' formula for anti-neuralgic pills is as follows: Quinine sulphate, 2 grs.; morphine sulph., 1-20 gr.; strychnine (alkaloid), 1-30 gr.; arsenous acid, 1-20 gr.; extr. of aconite leaves, 1-2 grain.

Belladonna, so efficient in the treatment of nocturnal incontinence, is useless and often harmful in incontinuence which is both daily and nightly. In such cases strychnine is the indicated remedy.

Trousseau remarks that certain persons whose bowels never move except by the most energetic purgatives, obtain a daily stool by the smallest dose of belladonna.

Gellhorn recommends the application of acetone as a palliative in inoperable cancer of the uterus.

Stellwag's sign in exophthalmic goiter consists in an increased width of the palpebral fissure, which is due to the retraction of the upper lid.

Very severe intercostal neuralgia has been mistaken for angina pectoris. But neuralgia is more circumscribed, does not radiate into the neck and arms, and the anxious expression of the face seen in angina pectoris is wanting.

Cold baths should be avoided in angina pectoris.

Bradycardia or slow heart occurs or may occur in any of the following conditions:

1. Convalescence from acute fevers, such as typhoid, pneumonia, etc.
2. Diseases of the digestive apparatus, especially dyspepsia.
3. In nephritis.
4. In toxemias, including uremic poison, lead, coffee, and particularly digitalis.
5. Diseases of the nervous system, including apoplexy, brain tumors, especially of the medulla and cervical cord.
6. In myocardial weakness, especially conditions connected with obstruction to coronary artery.

The amebae of dysentery are rapidly destroyed by warm enemata of quinine of the strength of 1 in 5,000 to 1 in 1,000.

We are at last getting over the superstition that we all must have the measles. The number of men and women who have never had measles and who will probably go thru life without the disease, is getting constantly larger.

Proper attention to the throat in scarlet fever will tend to protect the ears of your patient and will prevent many a case of deafness in after life.

Tho we have antitoxin still we must not neglect all the other local and general measures which were found to be useful in diphtheria before the advent of the serum. This is not an untimely suggestion, for many physicians think they have done all their duty by their patient if they injected antitoxin.

One of the best local applications in diphtheria is a mixture of equal parts of tincture of myrrh and glycerin. Its effect is often remarkable. Apply on a large brush or cotton swab.

Whatever the theory of the action of iron, there is no question as to its therapeutic value.

Typhoid bacilli are present in the urine of about twenty-five per cent. of all typhoid fever patients, and they are generally present as pure culture and easily detected.

It is important to bear in mind that typhoid bacilli may be present for months or even years in the urine of persons who had typhoid fever.

Gallstones as a sequela of typhoid fever is now a well-recognized fact. Dufourt reported 19 cases in whom the first attack occurred after typhoid.

Guaiacol locally applied is an efficient antipyretic in typhoid fever and pneumonia. Rub on 2 to 10 minims on the thoroly cleansed skin.

In tympanites from typhoid or any other cause give turpentine 10 min. and oil of cajuput 5 min. Repeat every 3 to 6 hours.

The old Hope's mixture still does good work in obstinate dysentery. Its correct formula is as follows: Acidi nitrosi, ℥i; tinct. opii., m xl; aquae camphorae, ℥viii. Dose: ℥ii every 3-4 hours. The N. F. orders nitric instead of nitrous acid, but this is an unjustifiable error.

Gastralgia is almost always accompanied by leucorrhea.

Chlorate of potassium was proposed for gangrene of the mouth by Hunt in 1847. He used it internally in doses of 15 to 30 grs. pro die. Herpin, of Geneva, proposed this salt for mercurial stomatitis, in which it is most useful.

Malignant fever, said Tissot, is a dog that bites without barking. A very good characterization of asthenic fevers.

For many years after its introduction to the profession by Dr. Stearns, some physicians obstinately denied that ergot possessed any medicinal properties whatsoever.

"The reassuring globe of the obstetrician" was a term that old physicians applied to the firmly contracted uterus after delivery.

Trousseau states that ergot, or clavus secalinus, is mentioned in a Latin work of the 17th century (Sylvia Hernicia) as useful in menorrhagia.

Chloral is the best local application for cancer, filling three indications: it suppresses the odor and the discharge, arrests the hemorrhage and lessens the pain. This was originally recommended by Pidoux, of Paris, in 1872.

Fenner's Dysmenorrhea or Guaiac Mixture is now official in the N. F. under the title Tinctura Antacrida. It has the following composition: Corrosive sublimate, 40 grs.; powdered guaiac, 2 troy ounces; Canada turpentine, 2 troy ounces; oil of sassafras, 4 fl. drams; alcohol to make 1 pint. It is a very strong preparation and the dose is 10 to 20 minims.

Compound tincture of green soap has the following composition: Green soap, 1 troy ounce; oil of cade, 75 min.; alcohol to make 8 fl. ounces.

HEXAMETHYLENAMINE (Urotropin) may be detected in the urine by the addition of bromine water: an orange-yellow precipitate of hexamethylenamine dibromide is formed.

Pilocarpine in small doses—1-16 to 1-8 grn—is of great value as an adjuvant in the treatment of syphilis.

Copaiba and cubebs should be discarded from the therapeusis of gonorrhea. Sandalwood oil is not only more efficient, but also acts much less injuriously on the gastro-intestinal tract.

Sparteine is an excellent drug in dropsy, oliguria and myocardial insufficiency. It is unwise to annoy the patient with minute inefficient doses. It should be given in doses of one-half to *three* grains per dose, until the desired effect is produced. In emergency it should be given hypodermically in the same doses.

For the HYPODERMIC administration of QUININE the acid hydrochloride or di-hydrochloride (bimuriate) is one of the most eligible salts. It is very soluble, practically a grain in a minim of water, and 10 minims of the saturated solution constitutes an average dose.

Test for TINCTURE of STROPHANTHUS. Take 3 drops of the tincture, mix with half a drop of solution of ferric chloride and 3 drops of sulphuric acid. A brown precipitate is formed which turns distinctly green after one hour and retains this color for at least three hours.

UROTROPIN should never be swallowed in the dry state. It should always be dissolved in 8 or 10 ounces of water.

The best ANTIDOTE for FORMALDEHYDE is ammonia water. The harmless hexamethylenamine is formed.

PAVY'S DISEASE is the name applied to cyclic albuminuria.

In CHRONIC PHARYNGITIS. Extr. Ergotae fl., Extr. Hamamelides fl., Glycerini aa 3iii. Sig.—Apply several times daily on a cotton swab for chronic pharingitis and rhinitis, especially with tendency to epistaxis.

FLUID EXTRACT OF HYDRASTIS, 20 drops four times daily, acts very well, according to Fedorov, in the obstinate vomiting of pregnancy.

IN BLEEDING HEMORRHOIDS give 3 min. of fluid ext, of hydrastis every hour.

In obstinate cases of SPERMOTORRHEA we occasionally use hyoscine hydrobromide in doses of 1-100 gr., but we prefer less toxic drugs.

In ENLARGED TONSILS apply the following: Tinc. Iodi., 1 dram; glycerin, extr. ergotae fl. aa 1 oz. Use once a day with camel's hair brush.

Syrup of Hydriodic Acid is an efficient remedy in tertiary syphilis and an invaluable adjuvant in chronic rheumatism, lumbago, chronic bronchitis, emphysema and arteriosclerosis.

The laity still seem to be unaware of the fact that INFLUENZA is a highly INFECTIOUS disorder. Make no visits to influenza patients unless absolutely necessary.

A GLYCERIN OINTMENT very useful for chaps and excoriations is made as follows: Spermaceti 4 drams, white wax 1 dram, oil of almonds 2 fluid ounces, glycerin, 1 fluid ounce. Melt the first three ingredients at a gentle heat, pour into mortar and add glycerin gradually, triturating until cool.

Quinine sulph. 3 grs., methylthionine hydrochloride (methylene blue) 1 grn., arsenic trioxide 1-30 grn., black pepper 1 grn., makes a sovereign combination in chronic malarial conditions.

Chromium Trioxide (chromic acid) is one of the most powerful coagulants of albumin that we possess. It is a very delicate test for albumin.

A five per cent. solution of chromic acid will harden tender feet and will stop the worst case of hyperidrosis and bromidrosis.

Chrysarobin 12 grs., iodoform 5 grs., ext. of belladonna 10 grs., petrolatum 4 drams is recommended very highly as an ointment in hemorrhoids.

Darwin's last words were: "I have really no fear of death."

Twenty to 30 drops, 3 to 4 times a day, of a mixture of Tincture of Iodine 1.0, and Spir. Altheris Nitr. 30., is recommended by Senator in arterio-sclerosis. Another formula of his is:

Potassii or Sodii Iodidi 6.0-8.0.....(℥iss-℥ii)
Sodii Nitritis (*not nitratis*) 1.0-20.....(gr. xv-gr. xxx)
Aquae distillatae 200.00.....(℥vii)
S.—Tablespoonful in milk 3 times a day.

It is doubtful if the inhalation of oxygen in pneumonia is really beneficial. Oxygen may be a serious irritant, actually producing inflammation of the lungs. At least these are the results of experimentation on animals.

"If a woman threatened with phthisis marries, she may bear the first accouchement well; a second, with difficulty; a third, never."—Dubois.

A patient with pneumonia whose temperature is never above 100° F. usually does badly.—*Dr. Hale White.*

Oil of chenopodium—American wormseed—is beginning to be used in Europe instead of santonin.

The fear of the injurious action of salicylic compounds on the kidneys is always present. Dr. G. Treupel (Mün. Med., Woch. 39, 1907) has shown that acute rheumatism is accompanied with a desquamative catarrh of the kidneys, but this catarrh disappears under the administration of salicylates!

Experience shows that in the tropics chloroform anesthesia is almost entirely without danger. Basing himself on this observation Dr. Haun (Mün. Med. W. 48, 1907) tried anesthesia with chloroform warmed to 102° F. (in 8 cases). He believes that the anesthesia ensued more rapidly than with cold chloroform, the patient awoke sooner, felt better, etc. No bad effects were noticed.

Conitzer thinks highly of quinine as a remedy to increase labor pains. Dose: 8 to 15 grs.

Caffeine is sometimes used in Germany for the purpose of *simulating* nervous irritable heart and thus escaping from military service. Caffeine when used in large doses produces exactly the same symptoms, as nervous cardiac overexcitability, strong palpitations and pronounced psychic disturbance.

Decidedly the worst of the alcoholic drinks, as far as the heart is concerned, is beer.—Friedrich Müller.

At the beginning of sexual development, in boys as well as in girls, there often occurs pronounced excitability of the cardiac action, with strong palpitation, and sometimes with enlargement of the area of heart dullness and loud murmurs. These murmurs lead to diagnostic difficulties and to the erroneous supposition of valvular disease.

Altitude has a most wonderful effect on the heart, the blood vessels and the blood itself, and individuals with nervous constitutions and with cardiac and vascular diseases are very markedly affected by it.

In true nervous cardiac affections exercise is beneficial, and rest cures injurious. In true organic disorder of the heart, the reverse is generally true.

Acute tonsilitis is a very common affection in newly married people. Not surprising, if we believe with some that there is a definite relation between the tonsils and the testes and ovaries.

Children with enlarged tonsils are especially prone to catch cold and subject to recurring attacks of follicular tonsilitis. They are also more subject to diphtheria and the scarlatinal sore throat is always more prominent and more serious in them.

Place a flannel roller beneath the patient. Wring a double layer of thin flannel out of very hot water mixed with a dram of oil of turpentine, apply to patient's abdomen and cover with the ends of the roller. This is the proper way of applying a turpentine stupe.

Wet packs to the spine and the Paquelin cautery are the best remedies for typhoid spine—the condition sometimes following typhoid fever.

Dr. M. G. Cain reports (Therapeutic Gazette, January, 1908) 50 consecutive cases of pneumonia treated with guaiacol without a single death. The remedy is used by rubbing into the skin. Average dose 20 minims once or twice a day.

A physician should remember that a child born from an eclamptic mother is also toxemic. It should not nurse the mother for several days at least, but should be given water very freely and the intestinal tract should be irrigated thoroly twice a day. It should be given diluted cow's milk predigested and kept warm.

The following is the formula of Graefe's Diaphoretic Powder: Camphor, 1½ grn.; powdered opium, ½ grn.; potassium nitrate, 5 grn., and sugar 2½ dr. To be taken at one dose in a cup of tea before going to bed. It is similar in its action to Dover's or Tully's powder.

Absinthium has been discarded from the last edition of the U. S. P. and we met the other day a woman who told us that the only thing that helped her dyspepsia and loss of appetite was an infusion of wormwood. She had taken cinchona, gentian and nux vomica without avail. A hard thing to know what to discard and what to retain.

CONTRIBUTED

Fear As a Venereal Deterrent.

T. G. ATKINSON, M. D., Chicago.

The value of fear as a moral deterrent has always been a consideration in every department of human life. Religion has always had its hell or an equivalent. Politics carries its big stick. Sociologic institutions of every kind exercise their penalties and their punishments. It is the fashion nowadays among a certain class of teachers of the Kindergarten and New Thought type to discredit the usefulness of so discordant and unlovely a sentiment as fear. There is really nothing for a man tofear, they say, and to indulge in fear only begets enervation and paralysis of our moral forces. And indeed, one who entertains no such high falutin views or morals is himself often disposed to wonder whether the influence of fear has really accomplished any good or contributed anything to the genuine morality of the race, especially when one considers how inextricably tangled the matter of penalties and deserts has ever been.

Nevertheless it can hardly be that a sentiment having so universal and unfailing a warrant in the scheme of Nature should have no definite and distinctive value in the development of mankind. Its function may well be a negative one—paralyzing influence if our New Thought friends please—but it is quite comprehensible that some of the activities of man in his present uncanonized state will easily bear paralyzing to his distinct profit. We may reasonably grant that its influence is not a constructive one; but no biologic or sociologic process on this side the millenium is entirely constructive. Every physical organism is the subject of a dual process of anabolism and katabolism, development and desuetude; and in every moral balance "the things which we ought to do" and "the things which we ought not to do" are both found on each side of the equation. I do not expect that the spanking which I find necessary to administer to my boy occasionally will inspire him with any clear idea of what I want him to do, but it appears to give him a fairly vivid understanding of what I want him to leave undone. And they who prate to me of the brutality of "a big strong man striking a helpless child," overlook the truth that I myself am dealt physical and mental blows (far harder than I inflict on him) for every violation, wilful or unconscious, of Nature's laws. It is all part of my negative education.

What then? May we reasonably conclude that fear is a legitimate and rational factor in deterring men from venereal sins? I think so. But let us look a little more closely into the philosophy of the thing. Fear is effective as a deterrent in proportion to one's personal knowledge of the thing threatened. A child never spanked cannot be coerced by the threat of a spank-

ing. If, after attaining years of sufficient discretion, he learn from a comrade the nature of a spanking, then such a threat may carry some weight; if he sees the actual process carried out on a comrade the effect is heightened; if he ever receive one himself, then his fear becomes a part of his experience. For this reason, by the way, a child's first whipping (if whipping is to be employed) should be severe enough to make a decidedly painful impression, else the moral effect is weakened instead of enforced.

I do not believe the menace of hell as ordinarily taught in the pulpits has had much genuine influence on conduct, because it is a matter utterly outside human conception and experience. Fortunately men have experienced and witnessed the real hell of remorse and self-contempt, of suffering and pain.

Now to our muttons. How does this feature of the matter stand in the case of venereal sins? Two things are to be feared by the venereal sinner—directly, the possible contraction of a venereal disease (physical), and indirectly the possible disgrace of public or family exposure (mental and moral). Of these two menaces, the first, that of disease, to the man who has never had and never seen such diseases, stands largely in the same relation as that of a hell—awful in the telling, but very vague and unreal in the conception—not really so real and sentient as the sexual instinct which presses upon him. His attitude toward it is similar to that of every man toward that far more certain thing called death—he thinks it can never touch him. And, in any case, he argues, if he argues at all, that he can be cured—just as the sinner who thinks of hell, resolves in his heart of hearts to get absolution for his sin before hell overtakes him.

This physical phase of the deterrent is really the only one that comes within the legitimate province of the physician, and he has learned by this time how inadequate it is to deter, for the reasons, chiefly, which I have set forth, namely, that the penalty is vague and the sinner skeptical, or that there always is a chance of escape which the man or woman is willing to take. And neither of these two features of the matter is it in the physician's power to lessen. Nay—it is his business, as a man of science, to increase them.

What of the other deterrent influence—the fear of exposure? That has its spring, not in the physical, but in the moral aspect of the matter. The disclosure, whether to physician or to a layman, that one has clap or lues, is not distasteful because of anything loathsome in the disease itself, but because of the nature of its contraction—allowance being made, of course, for the diffidence of most women and some men to speak of any ailment connected with the sexual function. Where this moral element is lacking there is never any hesitation in disclosing the physical condition.

The irresistible conclusion is that this moral, sociologic fear is, or would be, the most powerful salutary influence in deterring men and women from sexual evils, and hence in the suppression

of the venereal diseases—for I suppose no one questions that one is bound up with the other. And further, it is evident that this same sociologic factor is the one which could be made operative by state interference, i. e., by compulsory registration of venereal diseases. And yet this is the very feature of the whole miserable business on which is made to hang all the opposition and objection to legislation on the subject—the reluctance to force upon the individual the shame and embarrassment attached to it.

I know the cut-and-dried arguments against it—that victims would be deterred from seeking medical aid, and that innocent women would be subjected to cruel exposure and embarrassment. Personally, I take no stock in either argument. Both are bogeys. The type of man whose sensibilities are keen enough to suffer shame are also too sensible to allow venereal disease to run riot in their bodies for want of medical aid. Innocent women are innocent in any event, and they would suffer no more poignantly or unjustly than the wives of thieves and murderers.

In the long run it would greatly protect the innocent wives from abuse of many kinds. As for family rows to such a law, they ought to happen; there is far too much suppression of such things.

However, I am not so bull-headed but that I concede many complex difficulties in the working out of such a plan. It will come to pass some day. The principle I am contending for is simply that the moral and sociologic element of fear is by far the most powerful deterrent in venereal crime, and the more it is exploited the less of such crime there will be. Every measure that renders this factor more conspicuous in the pursuit of venereal indulgence will by that much clip the pinions of the erring bird—everything, in short, that increases the publicity of illicit debauchery and makes it harder for a man to indulge without being known to do so.

The city of Cleveland had a scheme once—I don't know whether they ever put it to the trial—of segregating the brothels and patrolling the segregated district with sanitary police who should distribute warning pamphlets to men who strayed into its boundaries. The plan always seemed to me a reasonably feasible one, not so much in virtue of its warning effect as by reason of the publicity is involved. Yet I will venture the opinion that it was the very consideration of the publicity feature that called it off.

Fear is an effective and sanitary deterrent if it be properly and adequately applied. The old Japanese Mikado's maxim sized the philosophy of the matter up with excellent conciseness and comprehension. "Make the punishment fit the crime." A desirable but difficult consummation. [We should be pleased to have some of our readers reply to Dr. Atkinson's interesting paper.—Editor.]

Medical Freaks.

By A. D. HARD, M. D. Marshall, Minn.

In Dubuque, Iowa, there are two physicians who are doing a large practice on a unique plan. They make no charge for visits in all ordinary cases of sickness, but write prescriptions which cannot be filled except at their own dispensing room by a clerk kept for that purpose. The prescriptions are written on the stub of a stub book, and the part given to the patient is simply an identification number, with the information printed on it, "All medicines must be paid for when delivered," and a blank space filled in with the price charged for the medicine called for by the prescription. They use an automobile, one making the visits in the forenoon and the other in the afternoon. Office work is charged for in the same manner. One physician is at the office doing the office work while the other is making visits. The day that I called on them the cash taken in for prescriptions filled was twenty-eight dollars in the forenoon, and thirty-four dollars and twenty-five cents in the afternoon. They told me that they were making money, and I think they were, as one prescription was for eight ounces of lime water, and the price charged was forty cents. They told me that their visits averaged about one dollar profit to them, and this all cash. The re-fills of prescriptions was quite an important item.

A physician at Redwood, Minn., advertised in the local papers that he would pay all funeral expenses and send in no bill for his services for all cases of Typhoid fever or Diphtheria which ended fatally under his care. His offer attracted the attention of everyone, and his practice soon became phenomenal. A physician in South Boston, Mass., has printed on his business and advertising cards these words: "Prices one-half the usual rates. Terms—Cash in advance. No business wanted on any other conditions," and this doctor is a very busy man. A physician at Epipheny, S. D., who was also a Catholic priest, began attracting attention to his ways of healing several years ago, and in the course of three years' time he was treating patients by actual train loads from all over the western states. His factor of success was an X-ray machine, and one medicine for all diseases (with but few exceptions). His medicine was a strong solution of Potassium Bromide and Potassium Nitrate in water. The dose was twenty drops in water three times each day, and it gave a greater average of increased well-being and improvement in all chronic cases than any treatment which ethical and scientific medicine has ever boasted of. His system of graft included the psychological impressions produced by his being a sort of partner with God, and also by his air of superior wisdom when he stripped his patients and examined them with his X-ray machine. In wet weather, when the machine failed to produce current he went thru the motions just the same, and his patients got exactly the same wonderful advantages. When he began, the place

was a mere postoffice and store, located seven miles from the nearest railroad station. In three years he had built a hundred thousand dollars' worth of local improvements, and had a line of hacks meet every train. His contention was, that if you could quiet nerve irritability and stimulate excretion of substances naturally thrown off by the kidneys, and do it so gradually that other bodily functions were not hindered, the patient would gradually tho slowly improve from most all prevailing bodily disorders. His great point was in the cure of kidney disease, and, by the irony of fate, he died of Bright's disease while in the prime of life. After his death it was found that his diploma was a forgery, and his partnership with God was probably entirely one-sided.

Sterilizing Without Unsexing.

By A. E. LEMON, B. A., M. D., Sault St. Marie, Mich.

Many thinking men have expressed the conviction that the best interests of society demand that certain classes of individuals, such as confirmed criminals and the mentally degenerate, should be deprived of their procreative power by castration. Some even propose to thus solve the negro problem.

It is certain that the nation would be much better off if not only criminals and imbeciles, but syphilitics, epileptics, consumptives, drug fiends and chronic drunkards, as well as all of those who, whether white or colored, are so shiftless and incapable as to be a burden both to themselves and to the community, were so treated that their fellow men would not be saddled with the care and management of their offspring. And while this plan may appear harsh at first thought, when we look at the situation carefully it is no more harsh than it is to amputate a gangrenous limb.

The descendants of these classes are born to suffer, handicapped in the race for life by physical or mental weakness. They are better never born at all; so we are doing them, as well as the community, an act of kindness by preventing their existence. Right here is the greatest opportunity in prophylaxis that is open to Medical Science.

Breeders of live stock have long since found it practicable as well as very profitable to improve their herds by preventing the procreation of the unfit. In the human animal the constant admixture of hereditary degenerates tends to lower the moral and physical tone of the race and thus hinders the natural tendency to improvement. And while the only effective remedy is to prevent the procreation of degenerates, the procedure cannot yet be put into practical operation because of superstition and ignorance among the laity, a condition which, tho gradually dissolving in the light of science, is not yet ready to allow scientists to interfere in such a high-handed manner with the "dispensation of

Providence." But as every achievement by which humanity has profited has gained either independently of or in opposition to orthodoxy, so it must be in this movement.

But the great drawback to the plan of castrating is the unsexing of the individual, the thought of which not only frightens the subject with a dread inherited from ancient superstition (Deut. 23: 1), and with the fear of the loss of sexual power, but, as is well known, adversely affects the body by depriving it of the internal secretions of the sexual glands.

But now, since a double epidymitis or salpingitis renders a man or woman sterile without destroying the sexual glands, why not, instead of castration, propose the comparatively minor operation of ligating and severing the spermatic cords and Fallopian tubes, after which the subject can enjoy life like other people, but cannot inflict upon the community a degenerate progeny to be cared for in asylums, hospitals and penitentiaries.

This is a subject worthy of the deepest attention of physicians and sociologists.

A Simple and Valuable Remedy in Cancer of the Tongue.

Dear Dr. Robinson: I am in hospital here waiting my turn for the removal of a cancer from my tongue. I have been suffering from it for some time, and in case any of your readers care to try a very simple "remedy," one of which has given me immediate relief, I can advise them to use tincture of violet leaves. It is simple to make and costs very little.

℞ Powdered violet leaves (dry)..... 1 part.
Alcohol, 45 per cent..... 5 parts.

Macerate seven days. Filter and use as a mouth wash. Also take internally in ℥i or ℥ii doses four or five times a day in equal quantity of water.

I do not believe that anyone will ever cure, or be cured by such a crude preparation, but I have experienced the greatest relief from it. It will cost your readers very little to try it, it cannot harm the patient, and it may help some poor fellow to steer clear of the cocaine or morphine habit. There can be no doubt as to my case. The microscope has settled that definitely.

I have read all the literature I could get on the subject of violets, and find no mention of any specific active principle which would produce the result I have experienced myself.

I am writing under difficulties, so I merely send you these notes which you can "lick into shape" and publish if you consider it worth while.

Sincerely yours,
EDMUND F. L. JENNER, Digby, N. S.

Yes, we consider it worth while. We know Bro. Jenner to be a careful and intelligent observer, and as this experience is of a personal character, it should carry weight. In Great Britain

violet leaves enjoy quite a reputation as a palliative in the treatment of cancer (some claim that the remedy is more than a palliative) and they should be given an extensive trial in this country. THE CRITIC AND GUIDE family all join in wishing Bro. Jenner a speedy recovery. EDITOR.

The Sexual Problems of Marriage, With Special Reference to the Equal Rights of the Sexes.

Dr. H. Puder *(Monatschrift f. Harnkrankheiten, Psychopathia Sexualis und Sexuelle Hygiene, 1907, No. 12)* discusses the question as to whether the present ideals of marriage and the relations of the sexes are in consonance with the laws of nature. He says that modern medicine research has begun to shake our faith in the high ideals of marriage for life. These researches have demonstrated that absolute chastity, the ideal of the idealists, may be of serious danger for the health and development of the body. The sexual impulse, the impulse of procreation, is the strongest impulse of life, and to suppress this impulse would mean to suppress life itself. The old physiologic law that every organ which is not exercised perishes, should be extended to the sexual organs, no matter how frivolous this may sound. Modern researches have brought to light the fact that if the sexual impulse be kept in the background long enough, it has a tendency to become reversed. In other words, that the masculine sexual impulse becomes feminine and vice versa. It is a well known fact that old maids often show many characteristics which make them masculine. It is also a common observation that husbands whose wives have grown old develop homosexual tendencies as the result of enforced chastity. If nature had intended that a man shall marry one woman for life, it would be a manifest injustice that the husband should retain his sexual powers longer than his wife. For this reason a man should always marry a woman younger than himself. Men who have had many children with the same woman become feminine in their tendencies, because their active sexual function has been held in abeyance for so long during the many pregnancies of their wives. During these pregnancies, a man must either remain chaste, which is a rarity, or he must have intercourse with other women, or must mastrubate. The question is, whether nature intended that a man, living in the state of one-woman marriage, should become an ascetic during certain periods while his wife is pregnant. Perhaps, nature never intended that a man should have only one wife. Possibly, the most natural solution of this is offered by the ancient Babylonian custom of keeping concubines in addition to the wife proper. This custom, however, involves such a degradation of women as well as men that it cannot be imitated. The sexual function, which is the highest function of life, should be held holy so that it is exercised only with the one selected woman.

The sacredness of the sexual impulse requires the one marriage for life, and the only thing that the husband can do in order to be consistent is to remain chaste during certain periods when his wife is not fit for intercourse. Possibly, nature intended that man should curb his sexual function and that he should take periods of rest, alternating with periods of activity.

What did nature intend to do with the woman who never marries? Shall she be forced to suppress her sexual impulse for life? For it cannot be supposed that the sexual impulse which has never been exercised never becomes awakened. The present movements for the emancipation of woman is an evidence of the need of some means of getting rid of the surplus energy resulting from the suppression of the sexual impulse. These women are living proofs of the fact that both man and woman are bisexual in their essential characteristics. In other words, that in each of us there are characteristics of both male and female and that it is a question of developing one or the other set of these characteristics. In the emancipated women of the present, we have examples of highly developed masculine activity, so much so that homosexual impulses are at times discoverable in this class of women.

What should be said of the proposed reform marriages in which a man does not live with his wife, but she remains with her mother, or has her own home, where her husband visits her only when he feels the desire to do so? This plan, like many others, has its good sides, because it gives woman a more independent position. Yet, this plan ignores the fact that the *nest* is a biological necessity. When two people love each other, they will always have the desire to live with each other. One cannot save a diseased tree by cutting the roots, and one cannot save marriage by taking away its nest or, as we say to-day, the home. The reform marriage is absolutely opposed to the spirit of the Aryan race and is the product of some oriental ideas. The conclusion is therefore reached that the one-marriage for life is after all the best from the esthetic, practical as well as biological viewpoints.

Every-Day Lessons From Every-Day Cases.*

By CHARLES A. L. REED, M. D.

"She thought it was her change of life."

Let me present a familiar, an all too familiar picture:

A woman of forty-five or thereabouts enters the consultation room.

She is paler than a woman ought to be, her lips quiver a little, and a furtive glance of apprehension may be no eyes.

* Lancet-Clinic.

Her history is taken down—a healthy girl, a timely marriage, several children, natural deliveries, no illness of any sort—in short, a clean bill until about eight months ago.

Then, instead of being unwell for a couple of days only, as had been her habit for the last year, she dribbled along for four days, then for a whole week.

Then she spoke about it to her neighbors.

"It's only change of life; don't squander money a-goin' to the doctor; jes' take teas; I'll make some fer ye," was the reply from every wise old granny in the village.

One day, in spite of the teas, she had a hemorrhage and passed clots—a lot of them, and big ones, too.

Then she did speak to the doctor; in fact, she sent for him.

"Oh, it's just the change of life; I'll fix it; here, take this," was his diagnosis, as he gave her, not an examination, but a wise look, a reassuring smile and some ergot.

Six weeks later she's no better; the ergot has ruined her digestion; she still bleeds, and she's getting weaker.

Then she goes to the other doctor. He examines her—the very thing she wanted to have done from the start, only she was too timid to say so, and the first doctor failed in his duty by not suggesting it.

But now the dutiful doctor—the other one—examines her, looks stern and serious, and, possibly, there is a mingled expression of pity and hopelessness on his face. And it is there yet when, the very next day, he walks with his patient into the consulting room of the surgeon.

The patient herself is not only pale and tremulous, but she has an odor about her—a peculiar, tell-tale odor.

The diagnosis is made then and there, but the history is taken and the examination is made with a feeling of solemnity.

A look, a little nod of the head, and the surgeon has told the faithful attending physician, more eloquently than by words, that his diagnosis is confirmed.

It is cancer of the uterus!

What is more, the cervix, soft and cheesy, with a crater in the centre of it, occupies the whole vagina and bleeds when it is touched; the body of the uterus is immobile and hard masses are felt above the fornices. Then the finger is withdrawn, followed by a dark, ichorous, bl[illegible]dy, offensive discharge from the vagina.

She's a doomed w[illegible]

Who is responsib[illegible] having deprived her of the only chance she had, which, [illegible]se, was early in the disease?

Every [illegible]ho just knew that she knew all of life," and unhesitatingly as-[illegible]tment of the awful condition, [illegible] of offense—manslaughter, or [illegible] law.

And the first doctor, what of him? Is he not even more culpable? For he certainly ought to have known what his patient's story meant, and he ought to have acted on the knowledge.

But that is a bootless inquiry.

What is the lesson?

Simply this: The "change of life"—the menopause—means, in health, only the decline and disappearance of the menstrual function—nothing more, nothing less. Any deviation from this rule, any hemorrhage tendency, any capricious recurrence of the flow after it has once ceased, is an object of suspicion and calls for careful examination In the majority of cases, possibly in nine out of ten, it means cancer. In the remaining cases it means a fibroid or a fungous endometritis or other neoplastic change. In all cases in which the condition is not obvious microscopic investigation should be made.

For in all these cases the time to act is at the earliest practicable moment.

The awful significance of the lesson I have been endeavoring to teach is being forced home on me almost daily, by case after case now on hand, parallel to the one I here cited, contrasted with many cases in which the diagnosis was made early, the operation was done promptly, and who are now well after periods varying from three years to eighteen years.

The Discovery of New Drugs.

It is instructive to inquire how new drugs have been discovered in recent years. Most of them have come from neither the clinician nor the manufacturer, but from the laboratory. It is also instructive to inquire who deserve the credit for these discoveries. Most physicians seem to attribute them to the manufacturers who make and sell them, but the real discoveries made by the manufacturers have been few. It is not our desire to discredit the work of manufacturers. They have rendered an inestimable service in perfecting methods of preparation, in improving tests and sometimes in discovering new properties of drugs. The leading ones show a high appreciation of research, and it is to them and not to medical societies or colleges that investigators usually turn for help—such requests are seldom refused. But the essential work, the initiative, has usually come from the strictly scientific laboratory. Chloral, the first of the power hypnotics, and the discovery of which has stimulated much work, was introduced by Liebreich, professor of pharmacology at Berlin. The same pharmacologist afterward discovered lanolin. The anesthetic properties of cocain was first recognized by von Anrep, working in the pharmacologic laboratory at Würzburg; he recommended its use as an anesthetic. To Cervello, now professor of pharmacology at Palermo, we owe paraldehyd; to

Filehne, then professor of pharmacology at Erlangen, now at Breslau, we owe antipyrin; to Fraser, still professor of materia medica at Edinburgh, both strophanthus and eserin; to Gamgee, the physiologist, and Brunton, the physician and pharmacologist, amyl nitrite; to von Schroeder, then professor of pharmacology at Heidelberg, theobromin; to the physiologists, Oliver, Schaefer and Szymonowicz, the suprarenal gland extracts, and to the pharmacologists, Abel and Crawford, the pioneer work on the isolation of the active principle. Most of the substances mentioned are types of classes. Their discovery has stimulated that of almost innumerable other compounds. Of the drugs introduced in this country, we are apt to forget the work of Professors Novy and Freer which led to the use of the organic peroxids (acetozone, etc.), and of Abel, who had called attention to the hypnotic action of chlorbutanol long before its introduction as "chloretone."—J. A. M. A.

Fear as a Venereal Deterrent.

Almost everyone will agree with the editor of THE CRITIC & GUIDE in his statement that "fear [of venereal infection] is but an insignificant restraining agent." The gibbet, the mis-named *penitent*-aries, the jail and workhouse stand as monuments to the folly of imagining that the fear they inspire are deterrents to crime. Nature has placed her stamp of disapproval upon promiscuous sexual intercourse, she frequently renders sterile those who indulge, as unfit to procreate the species. She has, next to the preservation of self, made necessary the preservation of the species at all hazards, and overloaded this passion so that her ends must be attained. Man has made the artificial economic conditions which render marriage impracticable to many, and man is the sufferer thereby. Ages of conflict which these conditions entail are still before the *genus homo,* ere connubial bliss will be the inevitable goal for every inhabitant of this carnal world. In the meantime, infraction of Nature's laws will breed disease and death. The passions, being what they are, fear will never be deterrent of their gratification. Love will be in the fulness of time. In the interim let us tell the truth, and inculcate upon the minds of everyone other lessons, but not the lesson of fear. That will be useless.—The Lancet-Clinic, Dec. 7, 1907.

For the benefit of our new subscribers we will say that we try to answer every letter. But there are times in the year when we get as many as a thousand letters a week requiring a personal answer; and you must therefore have patience. Always enclose one or more stamps. Also remember that it is not such a rare thing for a letter to get lost—either your letter or our reply may go astray. And therefore if you get no reply within a reasonable time, come at us again.

Just a Few from the Thousands We Receive.

Publishers CRITIC & GUIDE: I would want a dozen of Dr. Robinson's journals if he published that many, because he is all the time thinking thoughts—and what is more, he expresses them. Do I agree with all he prints? Well I should say not. Sometimes I think he is nutty. But now I am in thoro agreement with him on many points concerning which I considered him nutty last lear. So the world moves, and it is because Robinson is one of the main movers that I want to keep in touch with him. By God, sometimes I feel that I would like to meet him and tell him what I think of him. But by the time I meet him, I might be as crazy as he is, and feel like shaking his hand instead of fighting him. Well, here is to him and may I long be spared to look forward to the monthly appearance of his good cheer, his crazyness, his insults, his knocks and his boosts. All of which, however, is always and forever right on top of the carpet and to our faces—darn him anyway. Cameron Lochead, M. D., Wales, N. D.

Dear Doctcr: I received in my morning's mail a sample copy of your January CRITIC & GUIDE. I have read it from "kiver to kiver" to-day, and I am not mad at the Edtior, and therefore will not have to take your advice to write a mean and scurrilous letter, and I have no doubt that the enclosed money order will suit you better. I must say that I am more than pleased with this number of THE CRITIC & GUIDE, and you are perfectly right in your estimate of the importance of the study of sexual diseases. Yours respectfully, J. W. Day, M. D., 211 Powers Bldg., Rochester. N. Y.

Gentlemen: Influenza and busy nights have about done me up of late, but that is nothing to the fact that I have not yet received my January CRITIC & GUIDE. Please send it along—I am never too far gone to respond to its stimulating effects. Sincerely yours, G. C. Clement, M. D., Haverhill, Mass.

Dear Doctor: Enclosed please find check for TEN DOLLARS ($10.00) as a life subscription to THE CRITIC & GUIDE. There is more solid truth to the square inch in THE CRITIC & GUIDE than any other journal I read, so send it along. Fraternally yours, S. W. Hopkins, M. D., Pres. Board of Health, 220 S. Sacramento St., Lodi, Cal.

Book Notices

SYPHILIS. A treatise for practitioners. By Edward L. Keyes, Jr., A. B., M. D., Ph. D., Clinical Professor of genito-urinary surgery, New York Polyclinic Medical School and Hospital Lecturer on surgery, Cornell University Medical School; Surgeon to St. Vincent's Hospital. Sixty-nine illustrations in the text and nine plates, seven of which are colored. New York and London: D. Appleton & Company, 1908.

It is a pleasure to be in a position to recommend a book unqualifiedly, and Dr. Keyes' volume on syphilis deserves unqualified recommendation. It is a sane and safe book to put into the hands of any practitioner—or even intelligent laymen. Everything therein is in its proper proportion. There is no attempt to minimize or magnify the dangers of the disease and the methods of treatment described by Dr. Keyes will commend themselves to the vast majority of general practitioners in this country. The volume being published by the Appletons, it is superfluous to add that paper, presswork, illustrations, etc., are of excellent quality.

A TEXT-BOOK OF MINOR SURGERY. By Edward Milton Foote, A.M., M.D., Instructor in Surgery, College of Physicians and Surgeons; Lecturer on Surgery New York Polyclinic Medical School; Visiting Surgeon New York City Hospital, etc. Illustrated and 407 engravings from original drawings and photographs. 752 pages. Cloth, $5.00. D. Appleton & Co., New York, 1908.—The author has succeeded in giving us a really valuable and original resumé of minor surgery as it is, or as it should be, practiced today. The language is clear and concise, the descriptions of the operations are explicit and the illustrations are excellent. It is a good book for every general practitioner to possess. We recommend it unequivocally.

GONORRHEA. ITS DIAGNOSIS AND TREATMENT. By Frederick Baumann, Ph. D., M. D., Professor of genito-urinary diseases in the Reliance Medical College and instructor in dermatology and venereal diseases in the College of Physicians and Surgeons, Chicago. Published by Appleton & Co., New York. Price, $1.50. This booklet of 200 pages reviews in a routine manner the diagnosis and treatment of gonorrhea and its complications. It gives a satisfactory review of the present day methods of diagnosis and treatment as outlined in standard text-books, but presents nothing new either in subject matter or in arrangement. The beginner may find the little volume useful.

INTERNATIONAL CLINICS. J. B. Lippincott Co., Philadelphia, Pa. (Four volumes a year. Price, $2.00 per volume). Volume 4 of the 17th series of this quarterly contains articles on treatment, medicine, surgery, gynecology, genito-urinary diseases, orthopedics, neurology and otology. The general excellence of the Clinics in maintained in this volume.

Dear Doctor: I want THE CRITIC & GUIDE so long as I am in the practice of medicine, and so does every square and broad-minded physician in the land that has taken the pains to read from cover to cover one copy of your honest and at the same time wideawake journal. Enclosed find P. O. order for FIVE dollars for *five* years' subscription. I don't want any years given to me. Very truly yours, F. L. Spauling, M. D., Cohocton, N. Y.

Dear Doctor: As the old negro said, "You shore hits 'um comin' and gwine." I believe you are doing an incalculable amount of good. I don't know how old you are, Doctor, but I hope you will live till, as the old song says, "You'll give up the notion of dying at all." I trust to be able to take your journal and read it as long as I live. Enclosed find my renewal subscription. With kindest regards, I remain, Fraternally, E. H. Winkler, M. D., De Witt, Ark.

Dear Doctor: Enclosed please find order of $3.00 for 4 years' subscription to the C. & G. THE CRITIC & GUIDE has made me *think*. I admire your progress and independence of thought. Yours truly, J. D. Kessenger, M. D., Eastonville, Colo.

Dear Sir: I have received a copy of THE CRITIC & GUIDE, and it strikes me all right. It is short and to the point. Yours for long life and liberty, A. D. Howell, M. D., Bronson, Kansas.

Dear Doctor: Your Jan. number has fallen into my hands, and I must say that you and your journal are all right. Enclosed find my sybscription. Yours very truly, J. A. Burke, M. D., 702½ Main St., Fort Worth, Texas.

Dear Doctor: I was delighted with the sample copy of THE CRITIC & GUIDE. Enclosed find my subscription. Yours, A. Henri Hart, M. D., 8 S. Elliott Place, Brooklyn, N. Y.

Dear Doctor: THE CRITIC & GUIDE is the most valuable thing of its kind in the world. Fraternally, Byron Robinson, M. D., 100 State St., Chicago, Ill.

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THE MEDICO-PHARMACEUTICAL

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It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. XI NEW YORK, APRIL, 1908 No. 4

A Popular Treatise on Venereal Diseases:

Their Nature, Symptomatology and Prevention.

By William L. Holt, M. D.

PREFACE.

Among the countless millions of books and pamphlets in the English language we have searched in vain for one that would contain a plain and popular yet scientifically correct presentation of the nature of the diseases which are commonly termed venereal (but which, alas, are only too often of non-venereal origin), and which have proved such a terrible scourge to mankind during the last few centuries. And yet how such a book has been needed!

We firmly believe that most of the misery in this world is due not to wickedness and malice, but to ignorance, and it is this latter factor that is responsible for the fearfully increasing spread of gonorrhea and syphilis. Of course the primary source of venereal disease is prostitution, which is chiefly an economic

problem. We as physicians cannot fight economic problems directly, but we can do considerably towards the prevention of the results of prostitution by teaching the people how to take care of themselves, by pointing out the dangers of venereal diseases, their far-reaching consequences, the crime and danger of transmitting the taint to wife and children, and last but not least how to protect oneself from the disease and to avoid giving it to others.

The time has come for plain speaking on the subject of venereal and sexual diseases. But while speaking plainly we must avoid the danger of exaggeration. We must avoid painting the picture in too lurid colors—a tendency which has unfortunately been making itself manifest of late;—in short, we must not be untruthful even in a good cause.

Dr. Holt's pamphlet, which we have taken pleasure in editing, is free from any faults of luridness and exaggeration. Its presentation of the subject is scientifically correct and up-to-date, its style is direct, explicit, yet thoroly chaste; the author's earnestness of purpose and sincerity is seen on every page—and all in all the work is one which we can cheerfully recommend to every physician, every teacher, every sociologist, every parent, every intelligent layman.

We are sure that the circulation of this essay by the million would bring incalculable benefit to the race; we can think of no instance where it could possibly bring harm.

W. J. R.

The Venereal Peril.

Introduction.

A generation ago when a young man went to his family physician with his first gonorrhea, he was comforted with the assurance that after all it was no more serious than a bad cold. Now we know that syphilis and gonorrhea are as great a scourge to society as tuberculosis and alcoholism, and that gonorrhea is responsible for more injury than syphilis, because it is six times as common and has quite as serious results in many cases. It is the chief cause of sterility and impotence; it makes thousands of women lifelong invalids from peritonitis; and it destroys the eyesight of thousands of infants by infection from the mother during birth.

Most people have no adequate conception of the terrible prevalence of the venereal diseases, and hence do not realize that they are a menace to the national health quite equal to if not greater than tuberculosis. Unfortunately the total number of cases of venereal disease in any state or city is not known, because physicians are not compelled to report their cases. We can only estimate. Such estimates of course vary greatly; I will give only a few by the best known authorities in America and Europe. Dr. Prince A. Morrow, the president of the American Society of Sanitary and Moral Prophylaxis, says: "Probably not less than 450,000 cases of gonorrhea and syphilis occur every year in the United States among young men. Hospital statistics seem to indicate that 20 per cent of our young men contract venereal diseases before their twenty-first year, 60 per cent. before their 25th, and 80 per cent. by their thirtieth." Another well-known American specialist, Dr. E. H. Grandin, estimates that 60 per cent. of all men on the average have gonorrhea in an acute or latent stage (i. e. not cured.) Dr. Wilhelm Erb of Germany declares that some authorities have exaggerated the frequency of gonorrhea among men. He carefully questioned two thousand men in his own private practice, which is chiefly among the upper and middle classes, and found that of these 2,000 men, all of whom were over 25 years of age, only 971 or 48.5 per cent. had had gonorrhea. This estimate is indeed optimistic when compared with that of Ricord, who declared that in Paris 80 per cent. of the men had the disease; but even if so, it is very serious. In the same series of men Erb found that 18.2 per cent. had had syphilis. A special committee appointed to study the social evil and its results in New York in 1903 estimated that there were probably as many as 200,000 syphilitics in that city.

The fact that venereal diseases find many more victims in America than does tuberculosis is clearly shown by the records of the outpatient department of the Massachusetts General Hospital. During the year 1904 nearly a thousand (983) patients were treated for venereal diseases, while only 430 were treated for all forms of tuberculosis. And we must not forget that a great many men, particularly of the uneducated working class which makes the chief use of hospitals, when afflicted with a venereal diesease avoid the publicity of a hospital and go to a private doctor or to one of those human vultures, the sexual quacks.

Hereditary syphilis alone causes a large number of deaths in America every year. Here again we can only estimate. If 20,000 children die in France yearly, as is reported, we must estimate that in America with twice the population the number is probably much greater, from thirty to forty thousand. If only one out of ten of the 200,000 syphilitics estimated in New York begot or bore a syphilitic child during the year, there would be 20,000 tainted infants brought into the world, and over half that number would die in infancy or early childhood. For the mortality of hereditary syphilis is notoriously high, tho it has been considerably reduced in recent years by better methods of treatment. It is said by some authors to have been even 80 and 90 per cent. in certain places in the past. The statistics of the Foundling Asylum in Moscow for ten years showed that of 2,038 syphilitic infants the mortality was over 70 per cent. And it is well-known to American child-specialists that syphilitic foundlings in asylums can rarely be raised unless they can be breast-fed, which is seldom the case, because the infant would infect a non-syphilitic wetnurse and so cannot be given to one. But it is probably better for society that such tainted infants should die, for they usually make weak, degenerate men and women, who moreover if not cured by thoro treatment may bear children with syphilitic heredity, thus transmitting the loathsome disease even to the third generation. This interesting point will be treated in detail under its proper heading.

In this general statement of account against the venereal diseases as agents in race suicide and degeneration, we must remember that nearly half, or 42 per cent., of all spontaneous non-criminal abortions are caused by syphilis.

What has been the attitude of "the best members of society" hitherto towards this great social evil and menace? Indifference, suicidal indifference! The only excuse and explanation of this culpable indifference has been the complete ignorance and misunderstanding of these diseases, especially in their moral aspect by the good, intelligent part of the community including the women. The prevailing orthodox belief, at least among the religious, was substantially this: "It is only vicious, licentious, de-

praved people who have these diseases. They are God's punishment for their sins, and it would be an impious meddling with the divine will and justice to try to protect such people from the consequences of their sins."

It is necessary to teach these people that the non-moral laws of nature affect the innocent exactly the same as the guilty; that as many more innocent women and children suffer from venereal disease as guilty men. Dr. Morrow, who has made a special study of this point, declares that venereal disease is actually commoner among virtuous wives than among prostitutes. He gives a satisfactory explanation for this, which need not be given here. He thinks that fully 8 per cent. of all the wives in the United States have gonorrhea, contracted of course in the great majority of cases from their husbands. This would mean that over one million American wives are suffering from this loathsome disease, which almost surely blasts the life of every wife and mother whom it afflicts.

The following statements by specialists of wide experience confirm Dr. Morrow's. Gruber of Germany says: "Thousands or hundreds of thousands of innocent wives have gonorrhea." Dr. Noeggerath of New York declared that fully 80 per cent. of all men who married in that city carried the germs of gonorrhea in a latent if not in an active stage and hence were liable to infect their wives. This estimate is probably greatly exaggerated. Let us hope that Dr. Erb's careful statistics of 49 per cent. of all men above 25 years infected is also true in New York. It is surely bad enough. On the point of the frequency with which gonorrheal infection of the wife from the husband occurs there is considerable disagreement. While Dr. Erb is extremely optimistic and found that only 4 per cent. of the wives of 400 men who had had gonorrhea had contracted it, others believe that of every hundred women who marry men formerly infected with the gonococcus (germ of gonorrhea) fully ninety per cent. contract some form of the disease. Zweifel and Saenger of Germany find that 18 per cent. of all women have gonorrhea. The explanation of these wide variations lies in the extreme difficulty of diagnosis of gonorrhea in women, which often amounts to an impossibility. We are not here concerned to learn whether the smaller or the larger figures are nearer the truth; we are concerned only with the great fact that a great number of innocent women and children are suffering from gonorrhea and syphilis, and hence sufferers from venereal disease must not be scorned as outcasts but treated as are consumptives with the sympathy and humanity which they deserve.

How can this terrible condition of affairs be changed? How can venereal disease be prevented? There has been a great change in the attitude of physicians, intelligent clergymen, and all humanitarians toward this problem during the last few years. The old attitude was based on ignorance and the Calvinistic doctrine

of predestination; it was pessimistic just like the old attitude toward consumption. The new attitude is based on scientific investigation and knowledge of the facts, and ignores theological dogmas of divine punishment; instead of a barren superstitious faith in a cruel, unjust God it substitutes a well-grounded fruitful faith in the laws of Nature, in Science, Reason, Human Nature and Evolution. Progressive American physicians now believe that the venereal diseases like consumption have definite ascertained causes in social, moral and economic conditions, and are essentially preventable by improving these morbid conditions. We believe that in the course of time they can and will be as greatly reduced in frequency as yellow fever has been in Cuba and smallpox in Europe. We hope some day in the far future they will become extinct.

All measures tending to eradicate the venereal diseases may be divided into two categories: those which aim to protect the well from infection, and those which aim to cure those unfortunates already affected. The speedy and thoro cure of those now diseased is also one of the most effective means of protecting the well. The present paper aims only at protecting the well, and is addressed especially to the youth of both sexes, who are most liable to these diseases. I shall simply tell the facts concerning the venereal diseases: their causes, nature, course, results and methods of contagion, and let the reader draw the obvious moral. Here a word to the wise is sufficient. In this description I have avoided technical terms as far as possible and explained them when unavoidable, or desirable for clearness.

There are three distinct venereal diseases: gonorrhea, chancroid, and syphilis. I will take them up separately in this order.

Chapter I.

Gonorrhea: Its Cause, Course, and Complications.

Gonorrhea, as every one knows, is an inflammation of the "urethra" or water-passage, accompanied by a thick, creamy discharge. In adults it is practically always caught by sexual connection. But few laymen know that true gonorrhea is always caused by one particular kind of microbe, which was discovered in 1879 by Dr. Neisser and is called the "gonococcus". It is a good sized, round microbe occurring in pairs in the white blood-cells of the discharge, where it may easily be seen when properly stained and examined with a strong microscope. These microbes arrange themselves in pairs (coffee bean), and this arrangement together with their shape and peculiar method of staining is so characteristic that physicians rely absolutely on their microscopic examination for confirming a diagnosis of gonorrhea. In order to refute denials recently made of the microbic origin of gonorrhea by certain persons who call it a simple, non-contagious catarrh, I will give the scientific proof for my statement. Drs. Bockhart and Bumm grew these microbes outside the human body on artificial "medium", as the bacteriologists call the sterilized bouillon, gelatin, blood-serum or other sterilized food on which they grow bacteria for study, in "pure culture", that is quite free from other kinds of bacteria. They then placed some of these gonococci inside a healthy human urethra (the man being willing to submit himself for the good of science). The gonococci produced the typical disease, which proved beyond a shadow of doubt that this microbe is the true and only cause of gonorrhea.

The gonococcus is among the most destructive bacteria known, being even more virulent than the "bacillus tuberculosis" or the germ of consumption. If it gets into the eye it produces such violent inflammation that the eye-sight may be lost in a few days in spite of the best treatment. Eighty per cent. of all blind infants owe their affliction to this gonococcus, the infection coming from the mother during birth.

DIAGNOSIS OF GONORRHEA.

The diagnosis of gonorrhea is made provisionally by the usual symptoms above described, and is confirmed by a microscopic examination of the discharge. If the gonococci are found, the patient is contagious, and should be isolated sexually as a menace to the community. Every victim of gonorrhea should realize the responsibility laid upon him by the following fact: *Every new case of true gonorrhea comes from a previous case of gonorrhea, almost always by sexual contact, and is produced by the transference of the gonococci from a diseased to a well person. If done knowingly this is a criminal* act.

COURSE OF GONORRHEA.

The microbe has to multiply many millionfold before it can do much injury. This process occupies a period varying from two to fourteen days (usually three to seven), which is called the "period of incubation". Then the typical symptoms come, beginning with a burning sensation at the mouth of the urethra and a frequent desire to urinate. The penis soon becomes hot, red, swollen and very sore, especially during urination; it discharges a thick fluid, at first creamy yellow but later often greenish yellow. This discharge soon becomes so abundant that it requires an absorbent dressing of some kind to protect the patient's clothes.

Of course the patient feels more or less sick generally as in any acute infectious disease; he often has severe pain in the back, groins, and scrotum. Fever and prostration occur in severe cases. This acute stage of gonorrhea usually lasts about three weeks without much change, even with good treatment. Then the inflammation begins to subside, and the discharge becomes watery and less in amount until with proper treatment it disappears entirely by the sixth or eighth week. With bad treatment, however, or none, the discharge may persist for months. This only too common result of gonorrhea is called gleet.

DURATION OF GONORRHEA: LATENT GONORRHEA.

Unfortuately gonorrhea is not a self-limited disease: that is, unlike measles, small-pox and most infectious diseases the patient does not necessarily die or get well in a certain limited time. The gonococci don't always disappear from the body after the usual period of six to eight weeks, as the germs of these other diseases do. On the contrary they have a treacherous habit of burrowing down under the "mucous membrane", or delicate lining of the urethra, and staying inactive there for months or even years. This condition, which is called "latent gonorrhea", meaning hidden, is a very deceptive and dangerous one. There is no discharge or inflammation and the man thinks himself cured, and often marries. But some night when he goes on a drinking bout the old fire is lighted again, the germs reappear, and wholly unconsciously the husband infects his wife.

A man cannot be too cautious and conservative on this point. Just as long as there are shreds in the urine there may be blood-cells, and as long as there are blood-cells there are liable to be gonococci and danger from intercourse. One of the best specialists in Boston requires his patients to wait at least six months after their urethral discharge is reduced to a clear drop containing no gonococci before he permits them to marry. The advice of a reliable specialist should always be obtained on this *vital point* and conscientiously observed. Never trust the word *of an advertising* quack.

MARITAL CONTAGION.

Unfortunately a great many men do not get such wise advice, or disregard it, and marrying with a latent gonorrhea infect their wives and often make them sterile. The vast majority of men who injure their wives in this way do it quite unconsciously, being wholly ignorant of the danger of infection and also of the serious consequences which often follow. [There is the greatest need of public education on this vital point. Dr. Prince A. Morrow of New York deserves the thanks of every good American for the untiring efforts he has made in awakening the medical profession and other leading professional and business men to a sense of the importance of sexual education among the people. He met with the most discouraging . indifference, timidity, and opposition, especially among the leading clergymen and business men. The good clergymen thought forsooth, "it was not their business" whether their parishioners had their lives ruined by the venereal plagues, from which they might be saved by a little moral and scientific training! But Dr. Morrow presented the humanitarian appeal so strongly that in February, 1905, after years of agitation one hundred and twenty-five of the best physicians in New York City and a few clergymen and laymen met and formed the American Society of Sanitary and Moral Prophylaxis with him as president. To quote from the constitution: "The object of this society is to limit the spread of diseases which have their origin in the social evil. It proposes to study every means—sanitary, moral, and administrative—which promises to be most effective for this purpose. This society is to be composed of members of the medical profession and of the laity, including women."]

A strange fact that deserves mention in connection with the subject of gonorrhea is that a man who has infected his wife from a latent gonorrhea may receive a fresh virulent infection from her in turn.

Only a word need be said here to warn the reader against the sexual quack-doctors who advertise so widely and conspicuously in our shameless daily papers. [I am glad to say that the best dailies, like The New York Times, are now entirely free from venereal- and sexual-quack advertisements. The time is near when public sentiment will demand the total suppression of quack-advertisements. W. J. R.] They are swindlers and fakirs of the most noxious type. They charge exorbitant fees in advance, give indifferent or often injurious treatment, and tell a man he is perfectly well (and can safely marry) when he is not. They are exploiters of their suffering fellow-men, ravening wolves in sheep's clothing, human harpies.

COMPLICATIONS OF GONORRHEA IN WOMEN.

It is not my purpose here to describe gonorrhea in general in the female, but merely to explain how it causes sterility and life-long invalidism and not rarely death. This happens by means of the spreading of the gonococci, and with them the inflammation, from the vagina, the original site of infection, to the womb and thru the womb up the "Fallopian tubes", which bring down the "ovum" or egg from the ovary to the womb to be fertilized and there grow into the embryo and future child. When the Fallopian tubes become infected, they undergo a severe inflammation which very often injures them to such a degree as wholly to destroy their function of bringing down the ova from the ovaries. When both tubes are thus crippled the woman is completely sterile. The inflammation of the womb alone may so interfere with the pregnancy that it results in abortion. And finally the inflammation may extend quite thru a Fallopian tube, which is open at both ends, into the general abdominal cavity causing fatal general peritonitis. All these pelvic complications of gonorrhea are stubborn, chronic troubles which are very difficult to cure. They supply *over half of the cases for gynecologic operations, that is the severer cases of female diseases which require a surgical operation.* Gonorrhea further causes 80 per cent. of all the deaths which occur from inflammatory female diseases. In this way it kills many more women than men. Of gonorrheic women who become pregnant 20 to 30 per cent. abort; 45 to 50 per cent. of all women infected are made sterile. *All authorities agree that gonorrhea is the chief cause of sterility. Dr. Grandin says that forty-five per cent. of all sterile marriages can be traced directly to it. Hence we must look upon this disease as the most potent factor in our modern race-suicide*; and every American who is alive to this national weakness and wishes to check it should bestow a large share of his attention and efforts to the prevention of the venereal diseases. Gonorrhea has still more baleful effects on childbirth. It destroys the eyesight of the child by the violent inflammation resulting from infection during the birth, and kills the mother by blood-poisoning following infection of the abdominal cavity. It is a great service of modern aseptic surgery to have greatly reduced the frequency of gonorrheal ophthalmia by dropping a strong antiseptic such as silver nitrate or protargol in the eyes of the new-born at once after birth.

COMPLICATIONS OF GONORRHEA IN MAN.

The complications of gonorrhea in man are varied and often severe but rarely fatal. Man escapes much more easily than woman. The complications may be described under the headings of the different organs affected, viz.: the urinary organs, the reproductive organs, the joints, the eyes, and the heart.

(1) *The Urinary System. The Deep Urethra. Stricture.*

The first extension of the disease is usually to the back part of the urethra called "the deep urethra." This occurs more or less in 80 per cent. of all cases, usually in the second or third week, but is generally so mild that it is not noticed. It is to be suspected when the patient gets generally worse, has fever and must pass water every fifteen to thirty minutes. In severe cases the man is prostrated in bed; urination is very frequent and very painful; if the inflammation is very acute and particularly if it has extended to the bladder, the patient may be tormented by a spasm of that organ which gives him "tenesmus", a constant desire to urinate with intense pain. This complication is always serious because of the danger of spreading the infection by the pus backing up the various ducts which open into the deep urethra coming from the prostate gland, the seminal vesicles, the epididymis, and the testicles.

Stricture is a well-known result of gonorrhea; and vice-versa gonorrhea is almost always the cause of the stricture. Masturbation has been said occasionally to cause it; but stricture without a history of gonorrhea or accidental injury to the urethra is very rare, while masturbation occasionally practiced is according to the best authorities almost universal among men. So we may safely disregard the solitary vice as a cause of stricture.

What is a stricture? It means simply a narrowing of the urethra at any point by the contraction of scar tissue following inflammation. Such narrowings are liable to occur in any severe case of gonorrhea, but are most common in neglected or badly treated cases which have become chronic. They are particularly liable to result from inflammation of the deep urethra, for most strictures form in this section of the canal. Usually more than one is found. Strictures appear late in the disease after the discharge has nearly or wholly ceased. The patient notices trouble in passing his water, perhaps sharp pain, or may be merely delay in starting, or the stream is small and twisted. This trouble gets worse as the constriction gets tighter until the patient must have his urethra stretched by steel instruments or have the obstruction cut. He often cannot pass his water without inserting a "catheter" or narrow rubber tube into his bladder —a most uncomfortable and sometimes exquisitely painful process.

If the stricture is not removed by operation, or absorbed by nature, as occasionally happens, the bladder becomes distended, and loses its normal elasticity. The "cut-off muscle" at the root of the penis, which acts as a voluntary stopcock for the bladder, also loses its elasticity, and the urine can no longer be retained but dribbles constantly. The distended bladder is always full of stagnant urine, which greatly favors the growth of the bacteria which *are almost* certain to get in with the catheters and

dilating instruments. So the bladder becomes infected and inflamed; we have a gonorrheal "cystitis". And finally the bacteria may extend up the urinary tubes from the bladder to the kidneys, and cause a fatal inflammation of these vital organs.

(2) *The Reproductive System: Epididymis and Testis.*

The epididymis is a small worm-like body attached to the lower and back part of each testis; it is formed by coils of the "vas deferens", the small tube which collects the semen from the testis and carries it up to the seminal vesicles to be stored. *It is evident that if this tube be injured and blocked, no semen from that testis can reach the penis, and that when both these tubes are shut off the man is sterile.* Now this organ is often inflamed in gonorrhea, indeed in 10 to 15 per cent. of all cases, and the tube is very apt to be blocked; but fortunately it is rare that both testicles are affected. Hence sterility does not commonly result. Yet epididymitis is probably one of the chief causes of sterility in men. This is indicated by the following statistics of German soldiers who had gonorrhea and later married. Three years or more after marriage it was found that those who had wholly escaped this complication were only 10 per cent. childless, while those who had suffered it on one side only were childless to the extent of 23 per cent, and those who had epididymitis of both sides were nearly half childless, namely 41 per cent. I have already explained how the infection reaches this organ. It occurs in the third or fourth week usually; the organ swells and becomes very painful while at the same time the discharge from the penis has ceased. The patient should go to bed, for if he keeps upon his feet the trouble will be prolonged, and he is more liable to lose his virility. The testicle proper is not as a rule affected, but occasionally it wastes away later.

Another organ of the reproductive system is the prostate body. This is a sort of muscular gland situated at the neck of the bladder and around the first inch of the deep urethra. It secretes a fluid that gives bulk to the semen, and by contracting its muscle fibers it forces out this mixed fluid at the ejaculation. This gland may become congested whenever the deep urethra is inflamed; rarely an abscess forms, which is a painful and serious complication. Besides the symptoms of inflammation of the deep urethra already mentioned, the patient has a sense of weight and pressure in this region and of fullness in the rectum or anus. He has a constant desire to pass his water, and in severe cases also to evacuate the bowels; when they do move, it is very painful from the pressure on the tender inflamed gland. This congestion is usually temporary, however, and subsides in a week or two, leaving no permanent injury. Rarely it progresses to abscess formation. Of 114 such cases collected 34 were fatal.

Still another part of the male reproductive system liable to be involved in severe gonorrhea is the seminal vesicles. These

are two blind pouches that branch off on each side from the "vas deferens" (seminal tube leading to the urethra), and serve as reservoirs for the seminal fluid. They are the shape of flattened drumsticks about two inches long, and are situated back of the bladder between it and the rectum. When the deep urethra is infected, pus containing gonococci may get into these vesicles by way of the ejaculatory ducts, which connect them with the deep urethra, and cause them to suppurate. The symptoms are those already mentioned of inflammation of the deep urethra, to which are often added seminal discharges, red or chocolate colored from the admixture of blood. The diagnosis can only be made certain by feeling the vesicles thru the rectum with the finger; they are swollen, soft, and intensely sensitive. The infection very often spreads from this organ to the epididymis, and both are involved together. An abscess may form in severe cases, and rarely even a fatal peritonitis may result; but as a rule the trouble subsides in about ten days without serious injury.

The last organ of the reproductive system that gonorrhea may affect is the penis. The surface of its head may become inflamed and also the lining of the foreskin. This usually occurs in men with long foreskins and uncleanly habits; it can almost always be prevented by keeping the parts clean. This condition is often associated with inflammation of the whole foreskin, which swells so that it cannot be retracted over the head of the penis, a most inconvenient condition. The head of the penis becomes hot, red, and swollen, and itches; small blisters appear, which may fill with pus and later burst and form little ulcers like those of chancroid.

"Chordee" is that disorder of the penis sometimes occurring in acute gonorrhea in which the spongy tissue on either the upper or the lower side is so distended with serum (a fluid escaping from the blood-vessels) that when the organ is erected from any cause it is curved downward or upward in a bow, which is exquisitely painful.

(3) *The Joints: Gonorrheal Rheumatism.*

The effects of the gonococcus are not always confined to the genital organs. It often gets into the blood and so into the joints and tendon-sheaths, producing a sort of rheumatism which is very painful and obstinate and crippling. It occurs mostly in prolonged chronic cases of gonorrhea, developing from one to four months after the original infection.

This disease runs the following course. The synovial membrane, the smooth lining of the joint which secretes the lubricating fluid, gets inflamed, most often of one knee, and pours out a thin fluid into the joint. This is commonly called "water on the knee". The knee gets red, hot, swollen, and stiff, so that motion is extremely painful. As a rule only one joint is affected. In some cases, however, many joints are attacked in succession as

in rheumatic fever. The severity of the symptoms varies greatly. Some cases only limp a little; others have a chill, fever, and general pains; and still others suffer from real blood-poisoning. In favorable acute cases the fluid in the joint is absorbed in four to six weeks, and the patient may be well in six weeks to two months; but in severe cases with suppuration of the joint there is no telling when he may be able to walk again—perhaps never. He may be crippled for life, either by a permanent effusion of fluid into the joint or by the growing together of the opposing joint surfaces and consequent complete stiffening of the joint. This result is most liable to occur in those cases which come on slowly and insidiously.

(4) *The Heart: Fatal Infection.*

When the gonococcus gets into the circulation in large numbers it sometimes lodges on the valves of the heart, and causes an inflammation of them, which is very liable to injure the delicate mechanism of the heart so seriously that death results. This complication is fortunately quite rare; indeed less than fifty cases have ever been reported; it occurs mostly in men, associated with gonorrheal rheumatism. Some cases are mild and recover, tho with permanent injury; others are rapidly fatal. Dr. William Osler reported a case in a young man who only ten days after his first symptom of gonorrhea was seized with a violent general infection of the blood and heart and died in four days.

(5) *The Eyes: Ophthalmia, Blindness.*

The gonococcus does not reach the eye by natural extension of the virus thru the body as in all the previous complications. *Gonorrheal ophthalmia, or inflammation of the whole eye, is caused by accidental infection of the eye directly from outside. Hence it is not a sexual disease, but is often quite innocently contracted.* As has already been mentioned it was formerly terribly common in newborn infants, and is still the great cause of blindness in infants. In adults the infection is usually transferred by the fingers from the genitals, but attendants on gonorrheal patients may contract it from them, and young children often catch it from their mother or nurse with whom they sleep. So the innocent suffer with the guilty.

The inflammation varies much in intensity according to the virulence of the infection and the resistance of the person infected. The pus from a fresh gonorrhea is the most virulent; and a young man with his first gonorrhea is more susceptible than the roué who had been infected many times. Dr. Myles Standish of Boston is authority for the statement that 10 to 12 per cent. of all cases of blindness in persons under thirty are due to gonorrheal ophthalmia. Eighty per cent. of the blindness in infants is caused by it.

The symptoms may come on very suddenly, usually in a few hours after the pus has got into the eye. The eye gets red and swollen and the lids puff up so that the patient cannot open his eye. Now on separating the lids creamy pus appears, which reaccumulates rapidly when washed away. The cornea (transparent membrane in front of the pupil) is very liable to be destroyed, in which case sight is irretrievably lost. The whole eye may become greatly inflamed, and even be totally destroyed. Furthermore the well eye may be destroyed also years later by what is called "sympathetic ophthalmia".

The outcome in gonorrheal ophthalmia depends entirely on immediate and thoro treatment. If the patient with urethral gonorrhea acquires an inflammation of the eye he should go to a physician at once or send for one if possible. In case he must wait for some time before seeing the doctor, he should wash out the eye carefully every fifteen minutes with a saturated solution of boric acid (a teaspoonful in a glass or cup of boiled water), using a piece of soft absorbent cotton. If boric acid is not at hand use plain boiled water as hot as it can be borne. *Especial care must be taken not to transfer the cotton from the diseased eye to the well one and so infect that also. If a person by some accident gets a drop of gonorrheal pus into his eye, and knows or suspects it, he usually may avoid infection if he washes it out at once and thoroly, but the least delay is dangerous.* When the infection is virulent and has once got a start, these measures have no effect whatever; then only constant care by a trained assistant and the use of strong antiseptics can save the eye.

Chapter II.

Chancroid. Its Cause, Course, and Complications.

Chancroid or "soft sore" is an infectious ulcer of the genitals of an entirely different nature from the chancre or "hard sore" of syphilis Their only points in common are that both form ulcers and both are venereal diseases. Altho a person may contract or have both diseases at the same time, it is only an accident; one can never develop into the other. Chancroid is a purely local affection, never causing a general constitutional disease; chancre begins as a local affection, but invariably develops in a few weeks into a general constitutional syphilis.

Chancroid has almost "no period of incubation"; that is, the sore appears often in a few hours after the infectious pus has come in contact with the delicate genital mucous membrane. The sores, which are usually several, begin as a very small yellow spot, surrounded by a red, inflamed area; the spot grows rapidly, becoming conical like a small boil. It is now called a "pustule", and it soon bursts and discharges thin bloody pus, leaving a dirty ragged, punched-out ulcer with a soft base. This soft base is the most important characteristic by which a chancroid may be distinguished from a syphilitic chancre. Another characteristic is that the pus is infectious to the person's own skin, producing new sores wherever it touches the mucous membranes or tender skin. Also there are almost always several of such chancroids. The hard chancre on the contrary is generally single, and usually does not produce new ones on the same individual.

It is certain that chancroid is an infectious disease caused by bacteria. The only dispute is whether it is caused only by one particular kind called "the bacillus of Ducrey" (after the physician who discovered it), or may sometimes be caused also by other pus-producing bacteria. This purely scientific question does not concern us here.

Altho the great majority of chancroids result from sexual intercourse, it is not always a venereal disease, but may arise from accidental infection of a chafe, scratch or cold sore on the genitals. Unlike syphilis, indirect infection by means of toilet articles is rare. And altho the site of a soft-sore is usually some break in the skin or mucous membrane, this is not necessary, for the infectious pus is able to attack and infect perfectly sound mucous membrane. The disease is found mostly among the proletariat; uncleanliness and the lack of sun, of fresh air, and of proper food which are inseparable from poverty in our large cities and inevitably reduce the vitality and resistance of the working class to all diseases, are important predisposing factors.

COURSE AND DURATION OF CHANCROIDS.

The ulcers occurring on the genitals have already been described. For a while they spread rapidly unless the parts are kept scrupulously clean. Then they stop growing and remain stationary for awhile before they begin to heal. If all goes well the whole course of the chancroids will not be more than three to six weeks. The general health is little affected unless the lymphatic glands are involved and suppurate. "Buboes", as such inflamed inguinal glands are called, occur in nearly half of all cases; they are a painful and obstinate complication. The inguinal glands in the groin on one side swell and become soft, painful, and adherent to the skin, which is reddened. The glands usually disintegrate later and discharge large amounts of fetid pus for weeks before they finally heal. Of course the patient cannot walk meanwhile, except with great pain and also delay in his recovery. Under prompt and proper treatment, however, suppuration may generally be prevented and the glands restored to normal in a few days.

Chapter III.

Syphilis.

Syphilis is a chronic infectious disease of specific nature; that is every new case of syphilis comes from an old case of syphilis by the transmission of the peculiar virus (infectious poison) from the body of some person afflicted with this disease to the body of another person. Altho for a long time physicians have believed that syphilis must be caused by a microbe, and many investigators have found different microbes associated with the lesions and claimed they were the true causal agent, all such claims had been rejected until the discovery in May 1905 of the "spirochaeta pallida."

Two German scientists, Schaudinn and Hoffmann, gave this name, which is Latin for "pale spirally-twisted microbe", to a microscopic organism which they found in a large number of syphilitic sores, and considered might very likely be the true cause of the disease. They found it in syphilitic glands, in scrapings from chancres, and in the blood from the spleen of a syphilitic. And, what was of equal importance, they did not find it in chancroids or in the sores or the blood of patients suffering from any other disease whatsoever. This discovery challenged the whole medical world to confirm or overthrow it. Investigator after investigator in every civilized country has confirmed it. I will mention only two of these. Profs. Metchnikoff and Roux, the famous French scientists, found the spirochetes in syphilitics and also in a typical chancre which they had produced on the eyebrow of a monkey by inoculation with human syphilitic virus. Moreover, this organism has been repeatedly found in great numbers by many investigators in all the organs of children afflicted with hereditary syphilis. Only one requirement is still lacking for strict proof of the causal nature of the spirochete: that is, cultivation of it in a pure state in an artificial medium, and production of the disease in man or animals by inoculation with such a pure culture. No one has as yet succeeded in growing these organisms outside the body; hence we cannot be quite so certain that the spirochete pallida is the true cause of syphilis as we are that the bacillus tuberculosis is the true cause of tuberculosis. But it is so accepted now provisionally by practically all the medical world.

The organism found by Schaudinn is of a delicate spiral or cork-screw shape like a coiled spring of fine wire. It is about as long as the diameter of a red blood corpuscle on the average (0.007 millimeter); it is extremely thin (0.0002 mm.) and very active so that it is very difficult to see even with the strongest microscope.

Unfortunately the spirochetes are not found in the chancre during the first few days, and so do not serve to make an earlier *diagnosis*. As yet they have not been found until the typical

chancre has developed. Then, however, they help to establish the diagnosis. An earlier diagnosis would be of great value in permitting prompt isolation of infected prostitutes. In abortions of doubtful cause the finding of the spirochetes in the tissues of the fetus would be very strong if not actually conclusive evidence of its syphilitic nature.

The practical carriers of the infection in syphilis are the secretions from the sores in the primary and secondary stages of the disease, and also the blood, the lymph, and the semen during these stages. The primary sore (chancre) on the genitals and the mucous patches on them and in the mouth are the chief practical sources of the spread of acquired syphilis.

There are essentially two kinds of syphilis: the inherited and the acquired. I will describe them separately, beginning with the hereditary form.

Hereditary syphilis may be produced in any one of three ways, viz: (1) The father only is syphilitic and infects the egg of the future child in the process of fertilisation by means of the male germ which contains the virus. The mother may or may not be infected. (2) The mother is also infected before conception, and the egg-cell is infected with the virus from the beginning. In this case the child will be syphilitic whether the husband had also the virus in his male-germ or not. Of course usually the wife has contracted her syphilis from her husband, however. (3) The mother is first infected during her pregnancy, and the virus first reaches the "embryo", or developing child, thru the mother's blood. There are many obscure and much disputed points concerning this transmission of syphilis from parents to child; and into these, altho extremely interesting we must not go. The following important facts, however, may be accepted.

I. If both parents have syphilis in an active stage at the time of conception, the child is practically sure to be infected, and to be born prematurely or die soon after birth.

II. If only the father has the disease, and the mother remains well thruout, the child may escape, too; it is much more likely to escape than in the reverse case when only the mother is syphilitic.

III. In general the severer and the fresher the diseases is in the parents, the more liable is the child to inherit the taint, and also the severer is its infection.

IV. The observation known as Colles' law has never been denied, viz: a syphilitic child cannot infect its own mother, whether she has ever had any signs of syphilis or not. The evident corollary is that nature intended every syphilitic child to be nursed only by its own mother.

A description of the manifold symptoms and results of hereditary syphilis would be too long for this article and not essential. I will give only the following main facts. Inherited syphilis may have any of the four following results: (1) abortion at any time

during pregnancy; (2) the child is stillborn at term, (3) it is born prematurely, alive, but so feeble that it dies in a few hours, or (4) it may be born apparently healthy and show syphilitic symptoms only after several weeks. This last result includes the great majority of cases. The first symptoms generally appear between the second and sixth weeks, but may be delayed until the third month or even later. The first symptom is usually "the snuffles", which is a persistent "cold in the head"; it is accompanied by a hoarse cry. Soon the peculiar rash appears on the palms and soles and face. It consists of small spots, at first bright red but soon turning a peculiar characteristic coppery hue. This is valuable for diagnosis. Fissures are often seen in the lips or the anus. The child has fever, and the general health and nutrition suffer. It loses weight, becomes anemic, cries almost constantly, and has a pitiful, old and wizened look. Such a child has very little chance for life unless it is nursed at the breast; but as a large number of syphilitic infants are illegitimate and deserted, a much larger proportion of them are deprived of mother's milk than of well children. So much the more because they can not be given to a wetnurse, for they would infect her.

The action of some hospital authorities in Baltimore who caused the infection of a poor woman and her daughter by giving her a syphilitic infant to nurse cannot be too strongly condemned. Dr. W. T. Watson of Baltimore related the following sad story before the Section of Pediatrics of the American Medical Association at Boston in June, 1906. A foundling which was only a few weeks old and was known to be born of a prostitute was given out to nurse, to a Mrs. M., a poor but virtuous woman. She was the wife of a mechanic, and had a nine-year-old daughter. She was not warned of any danger of the infant's developing syphilis and communicating it to her and her family. She was merely offered the sum of forty cents each day for nursing the infant. Some weeks later the child developed signs of syphilis. Mrs. M. was of course infected, a chancre appearing on the nipple. Her daughter also became infected, developing a chancre on the lip from kissing the baby. When the poor woman at last realised the terrible nature of the disease which was afflicting her, she was overcome with shame and grief, mixed with fear lest her husband should also get the loathsome contagion. She feels obliged to avoid all contact with her husband for years. It is no exaggeration to say that this inhuman action has destroyed the home and happiness of this innocent family. And similar cases have occurred in foundling asylums in New York and elsewhere. Dr. Prince A. Morrow agrees with Dr. Watson that there is always too much danger of infecting the nurse to justify the wetnursing of foundlings, and he condemns the practice in the strongest terms. Enough has already been said of the high mortality of hereditary syphilis. Its infectious nature is clear from the story just related.

SYPHILITIC HEREDITY IN THE THIRD GENERATION.

One of the most terrible features of syphilis is that it can be transmitted not only to the children but to the children's children. This point has long been disputed and often denied, and even now it is not universally believed even among the medical profession. The great Jonathan Hutchinson observed two cases over a generation ago, and was the first to discover such. But, as is usually the case with the pioneer in science, his discovery was scouted. Since then, however, time has justified him. Edmond Fournier, the gifted French scientist, collected 116 cases of hereditary syphilis in the third generation which had been reported by different authors. Recently our noted specialist in venereal diseases, Dr. Robert W. Taylor, reported two cases of his own, a synopsis of one of which I will give.

The grandmother, previously healthy, married a man who was probably syphilitic and contracted the disease soon after. She neglected her treatment badly, and while still suffering with active syphilis bore a girl. This child, the second generation, had the typical signs and symptoms of hereditary syphilis. Under treatment given at haphazard she got apparently well. At five years her mother believed she was quite well, and she received no more antisyphilitic treatment. She grew to be a large, strapping girl and at sixteen was married to a healthy man. Dr. Taylor is sure that neither she nor her husband ever acquired syphilis. After two years she bore a girl who was thin, weakly and was raised only with difficulty. She did not show signs of hereditary syphilis in infancy; but at six years developed unmistakable signs of late syphilis. In the following six years she developed swellings of the collar-bones, breast-bone and others and later subcutaneous nodules on the arms and thighs, which ulcerated like typical syphilitic "gummata." Now at twelve she was puny, emaciated, not very bright. Dr. Taylor's other case showed a milder form of "syphilitic heredity," (as he contends such manifestations should be called in contrast to the usual "hereditary syphilis" in the second generation), which was promptly cured by mercury and potassium iodide. The fact that the disease yielded at once to the standard antisyphilitic remedies is very strong evidence of its specific nature. The point most worthy of attention in these remarkable cases is that the first parents neglected treatment and made the criminal mistake of begetting a child while they were still uncured. For this crime against one's own family and all society Nature lets fall her merciless punishment on the innocent offspring even unto the third generation.

The question, then, of vital importance in this connection is: At what time, if ever, can a syphilitic man marry without danger of infecting his wife and children? Unfortunately, no fixed time-limit applicable to every case can be stated. This time varies, depending on many factors: the previous health and con-

stitution of the patient and above all on how faithfully he carries out the treatment. While on the one hand some men marry with active syphilis and do not affect their wives or children (rarely), others have tainted children altho they have been free of all symptoms for months. Every case must be judged for itself by an experienced specialist who has full knowledge of the case and is alone qualified to decide when a patient is entirely cured and may safely marry. *Hence every man who truly cares for the welfare of his future family, if he has suffered from syphilis or gonorrhea, will get the sanction of a competent specialist, not a quack, before he marries.* The consensus of the best medical opinion is that *a previously healthy young man or woman, who has been skilfully and thoroly treated for between three or four years and has remained quite free of any syphilitic symptoms for the last six to twelve months,* will in the large majority of cases not infect his wife or transmit the disease by heredity.

Inasmuch, however, as any man who has once had syphilis, even in his infancy, cannot be absolutely sure that he will not have an infected child, a high sense of honor requires him to warn the woman he loves of this danger before he asks her to marry him. Any man who fails to do this out of fear of losing his beloved has only the selfish animal love and his savage instincts must be restrained by law. The question of a law to punish the transmission of venereal disease when done consciously will be considered later.

ACQUIRED SYPHILIS.

The methods of acquiring syphilis may be divided into two: direct or immediate, and indirect or mediate. Included in the first are infection by sexual congress, kissing, nursing at the breast, and in surgical operations; in the latter class are those infections which occur from virus conveyed by some article:—as a pipe, spoon, a glass, drinking cup, towel or other toilet article.

Contrary to general opinion a large number of such indirect infections are constantly occurring. Fournier, the best authority in the world on syphilis, estimates that such accidental or "innocent" infections comprise from 7 to 10 per cent. of all cases. It is of the greatest social importance that this become common knowledge. *For it means that syphilis is not, like gonorrhea, always (except in children) a venereal disease; it means that thousands of persons contract syphilis accidentally just as people get pneumonia or consumption, and hence no stigma of sexual immorality necessarily attaches to it.* The most chaste man or woman in the world cannot be certain of not acquiring syphilis unless he or she lives like a hermit, never coming into any social relations. Indeed everyone who uses indiscriminately toilet articles, especially cups and towels, which are used by a number of other persons of whose habits and state of health he cannot be

sure, runs a very real risk of catching syphilis. *It is wise to avoid using public drinking cups and closet-seats entirely.* If forced to use a public closet, protect yourself by laying down sheets of toilet-paper; and if obliged to use a public cup, wash it out thoroly and put its edge under both lips rather than between them. A wise man always carries a pocket-cup or drinks out of his hands! It is the crimson of the lips which is particularly liable to infection. So many cases are so transmitted by means of kissing that the lip is the most common site of infection next to the genitals themselves. There are two reasons for this: first, the lips are very susceptible to infection because the mucous membrane is often broken by a crack, cut, or cold-sore; and second, syphilitics very often have sores in the mouth or throat which make the saliva and so their lips infectious.

The supposed danger of innoculation with syphilis in vaccination is worth mentioning in this connection. Formerly this was a real danger, for the vaccine was taken from the pocks of persons suffering from light cases of the disease, and if the patient happened to have syphilis unknown to the doctor, the virus of syphilis was of course transmitted along with that of the smallpox! The frequent occurrence of such accidents was indeed the strongest objection to the method and caused it to be prohibited later in favor of Jenner's vaccination or innoculation with the virus of cowpox. The simple fact that calves, from which the vaccine is obtained, are not subject to syphilis precludes the possibility of the virus being syphilitic. It is conceivable that the vaccination wound might become infected with syphilis from a parent or nurse; but I have never heard of such a case, and practically there is no danger whatever of syphilitic infection from vaccination.

THE HARD CHANCRE OR PRIMARY LESION OF SYPHILIS.

Every case of syphilis acquired after birth begins with a peculiar sore called a hard chancre. This appears only at the point of infection, usually on the genital mucous membrane, but often on the lips, tongue and fingers. After a period of about three weeks following the exposure a small red pimple comes, which grows and soon bursts forth to form an ulcer. This, unlike the soft chancroid, does not multiply but remains single; or if there are more than one, they were so from the first. The discharge is thin, scanty, and does not produce fresh sores on the same person. The characteristic most important for diagnosis is the hard base. This may be distinctly felt under the skin like a piece of parchment in many cases; in others it is a diffuse hardening about the ulcer. The nature of the sore varies greatly with the location, the virulence of the infection and other factors, none of which details concern us. It is not our object to give all the diagnostic points of the hard chancre in the attempt to enable the lay-

man to make his own diagnosis. This is just what he should not try to do. The wise man, even if he be a doctor himself, will consult a specialist of wide experience if he has a suspicious sore. The fact that we would impress upon our readers is that *if a man has a sore of any kind which does not heal in two or three days, appearing some three weeks after a suspicious sexual connection, he must regard himself as probably syphilitic until a competent physician assures him to the contrary. Above all he must realize that he is probably infectious and has no right to expose others to his disease by any sort of personal contact. Thus to expose any person, a prostitute just as much as a wife, is a social crime of the first magnitude.* Unfortunately our law does not yet recognize the criminality of such an injury; but the Norwegian law, which is in many respects more advanced than ours, does proclaim the transmission of a venereal disease a crime and punishes it by imprisonment for a term not exceeding five years. When public opinion has been enlightened sufficiently in America such a law will probably be demanded and made here also, and will be of great educational and moral value.

The hard chancre above described usually gives but little pain. It heals very slowly, however, requiring usually about six weeks. About four weeks after the original infection, or a week after the appearance of the chancre, the nearest lymphatic glands swell and harden from the extension of the infection. This syphilitic "bubo" comes in the inguinal glands usually because they are nearest. In a state of health they are so small and soft that one can hardly distinguish them by the touch. They serve as little protective traps to catch any microbes that are trying to enter the general system by way of the lymphatic channels. So they catch the "spirochetes," become inflamed and swell to the size of a small nut. They are freely movable, not tender, and rarely break down or suppurate, thus differing markedly from the buboes of chancroid above described.

It is important to know that a chancre is contagious from its first appearance, and hence any man who gets a suspicious sore should go to a reliable physician at once for a diagnosis.

After the virus has reached and inflamed the inguinal glands, three or four weeks pass before the whole system shows signs of infection. The first period from infection to and including the development of buboes covers six to eight weeks and is called the first stage. It is impossible to foretell the severity of a case of syphilis from its severity in the infecting person or from its severity in another person infected from the same source. This is because the individual resistance or lack of resistance plays an important rôle. Moreover, a mild case may follow a large deep ulcer; and a severe case may follow a chancre so small that it was not even recognized as such by the patient. The chief factors in the course of syphilis as determined from experience are the following: (1) The age and general health and resisting-power

of the patient, (2) early and continued systematic treatment combined with a hygienic, temperate mode of life, (3) an earnest desire in the patient to be cured, making him willing to follow his physician's advice faithfully and persistent in keeping up his treatment until cured. This indispensable attitude of the patient is too often lacking, for the good reason that he was never instructed as to the serious nature of his disease. The common carleless, indifferent attitude in syphilitics resulting from their inexcusable ignorance is at the same time the hardest obstacle which the physician must overcome in curing the individual patient and also one of the greatest obstacles to the extermination of the plague from society. General public education concerning the venereal diseases would have a strong effect on this factor of indifference.

The following statement concerning the duration of syphilis is as accurate as can be made in general. The individual equation is paramount. A young man or woman of good constitution and temperate habits, who will obey his doctor's directions faithfully and is able and willing to live a hygienic life, may, if his case is not a malignant type, confidently expect to be cured in from one to two years.

SYPHILIS: SECONDARY STAGE.

The secondary stage of syphilis begins when the virus has spread thru the whole system and the blood become saturated. This is from four to six weeks after the appearance of the chancre. Syphilis now becomes more similar to the other infectious skin diseases: measles, small-pox and scarlet-fever. Besides the eruption come fever, falling of the hair, and sores in the mouth and throat. This stage lasts a variable time from a few months up to two, three and more years in neglected cases. The patient continues infectious during this entire period.

To consider the various symptoms in the order of appearance, the man becomes pale from the destruction of many red corpuscles, which give the blood its red color. Fever is nearly always present, usually low but may be high in weak, debilitated persons. He complains of pain in the bones, especially the legs, the ribs, and the crown of the head. They come on in the evening and grow worse till midnight. The pain is boring or tearing and often very severe. The throat becomes bright red at the back and sides. All these symptoms appear before the eruption or the sores in the mouth and throat.

The latter are peculiar and are called "mucous patches." They are usually seen inside the mouth, but also on the mucous membrane of the entrance to the vagina, of the anus, and under the female breast. A mucous patch begins as a round, white spot; this grows and the dead white membrane is rubbed off, leaving a shallow, punched-out ulcer. Then the raw surface left grows up luxuriantly and forms a bright red velvety patch rising above the surface. The secretion from mucous patches is very abund-

ant and highly infectious; it is probably the chief source of contagion.

The hair often falls out in this stage of the disease, leaving irregular, bald patches which produce a general moth-eaten appearance. The hair usually grows again, unless the hair follicles have been destroyed by an ulcer.

The most characteristic symptom of this stage of syphilis, however, is the skin eruption. It is the main reliance for confirming the diagnosis made earlier from the chancre and bubo, to which may now be added the finding of the spirochetes. The commonest type, for the rash varies greatly, is called from its rosy color, "the syphilitic roseola." It may cover the whole body or only the trunk and fronts of the arms; it usually appears first on the arms. The roseola consists of numerous rosy round spots about the size of a dime and not raised at all above the skin. In the course of time they turn purple and finally brownish yellow. They come out more distinctly if the skin is chilled by exposure. In the early stage they also disappear on pressure. They may vanish without trace in so short a time that the patient has never noticed them, or they may last one to three months and leave permanent stains. Again they may develop into pimples. No one but an expert can rely on this roseola to make a diagnosis, for very similar rashes are caused by scarlet fever, measles, a parasite, and certain drugs, especially cubebs, copaiba, and the iodides.

Besides this eruption, which ushers in the secondary stage, there are many different sorts that come later. Some patients suffer from severe eruptions during the greater part of the course of the disease; none escape them entirely. I will only say concerning these later skin manifestations that their favorite locations are the genitals, the anus, the mouth, the arms, the palms and soles, and the forehead next the hair. An important general characteristic of syphilitic eruptions is the absence of burning or itching.

Another common accident in secondary syphilis is "iritis" or inflammation of the iris, the colored ring about the pupil of the eye. Syphilis is indeed the principal cause of iritis and so of a great deal of blindness. It comes usually early in the disease, often with the first rash. The iritis runs a course of two to eight weeks, at the end of which time in favorable cases the eye may not have suffered any permanent injury. But relapses and recurrences are unfortunately frequent and are liable to result in partial or total loss of vision.

TERTIARY STAGE OF SYPHILIS.

In the great majority of cases, as we have said, if proper treatment is begun early and persistently continued, syphilis can be completely cured in one to two years. But in malignant cases and the numerous neglected ones the disease is not really cured in this length of time. After a well period of three to five years,

or even longer, during which the patient is free of syphilitic symptoms and believes himself cured, the latent disease breaks out again with redoubled energy. These late manifestations are called the tertiary stage.

A list of all the organs which may be affected in teritary syphilis would include nearly if not quite the entire anatomy. Not even the finger nails escape. The eyes, the nose, the heart, the liver, the arteries, the bones, the joints, and the sexual organs are all subject to serious injury; and still more liable are the brain, the spinal cord and the whole central nervous system.

Let us take the liver and the arteries for example and inquire more closely what happens to them. The changes are similar in each. To begin with the liver, the syphilitic virus causes an abnormal over-growth of the connective tissue, which injures the organ by its pressure and also by squeezing its bloodvessels and starving it for blood. If you know that all the blood returning to the heart from the stomach and intestines has to pass thru the great portal vein to the liver and there thru the innumerable microscopic bloodvessels of the liver substance, you will understand why, if the circulation is dammed up in this great vein or in the liver itself, the circulation in the stomach and intestines will also be blocked and serious congestion will follow. The results are chronic dyspepsia, entire loss of appetite, persistent vomiting, especially in the morning, with constant loss if flesh and strength, and "ascites." Ascites, or dropsy, refers to the large amounts of serum, the watery part of the blood, which are forced by the congestion thru the overstretched walls of the bloodvessels of the abdomen. Many quarts of this thin yellowish fluid may accumulate in the abdominal cavity and distend it so that the skin is tense like a drum-head and the man looks like a barrel. The large masses of connective tissue formed make the liver hard; hence the name "cirrhosis" is given to the disease, which means hardening. It is very common.

Needless to say the patient is quite helpless. To be sure a sharp tube may be thrust thru the abdominal wall and the water drawn off; but the operation is painful and the fluid accumulates again rapidly. Another unpleasant feature of this ugly disease is the swelling of the veins in the gullet, stomach or rectum and hemorrhages from them. In an early stage syphilitic cirrhosis of the liver may be cured, but when well advanced it is hopeless.

The disease attacks the arteries, especially those of the brain and the great aorta in this way: the strong elastic muscular wall, which gives the artery its necessary elasticity and strength, degenerates and is partly replaced by inelastic connective tissue. As a result the artery becomes narrower, weaker, and less elastic. Syphilis is now regarded as one of the chief causes of this insidious and incurable arterial disease, which often results in aneurysm, Bright's disease, heart trouble, and apoplexy. "Arteriosclerosis" (hardened arteries) is an important cause of death.

Tertiary syphilis quite as often attacks the central nervous system: the brain and the spinal cord. Indeed it causes organic incurable nervous disease oftener than does any other infectious disease. Here also the arteries are injured as described above; and large masses of connective tissue are formed called "gummata." This may take the form of an inflammation of the meninges, (lining membrane of the brain supplying the blood), which develops slowly and shows various symptoms. The headaches of syphilitic meningitis are characteristic, being located in the top of the head and growing much worse at night. The delirium may be mistaken for the delirium tremens of alcoholism. Or a single gumma of such size may form as to cause the symptoms of brain tumor from pressure: namely violent headaches, projectile vomiting, paralyses, and congestion of the retina.

In other cases the spinal cord is attacked and the patient suffers a progressive paralysis of both legs with muscular spasm and a great deal of pain.

Chapter IV.

INDIRECT RESULTS OF SYPHILIS: TABES, GENERAL PARALYSIS.

Besides these nervous diseases of which syphilis is the direct and sole cause, there are two others of still greater importance of which syphilis is an indirect and contributing cause. Hence they are called by physicians "parasyphilitic diseases." These have the long names of locomotor ataxia (or tabes) and general paralysis of the insane (or general paresis).

TABES.

Tabes is the commonest spinal disease in our cities, and is probably familiar to many of our readers. It is a chronic progressive form of paralysis of sensation in the legs, and also of other parts of the body, resulting in a peculiar jerky gait, over which the patient has very little control. This gives the name of "locomotor ataxia," which means incoordination of motion.

This tabetic gait is easily recognized. The poor victim raises his feet high, throws them forward with a jerk and flops them down hard and flat on the ground. He cannot tell where his feet are when his eyes are shut; so he must watch his feet carefully in walking. Another feature of tabes is the "lightning pains," which are violent paroxysms of pain described by the patients as "as tho a sword were run into me and turned in every direction." Not even morphine can fully control these terrible attacks.

In some cases paralysis of the upper eyelid, causing a permanent droop, or of some muscle of the eyeball or of the optic nerve itself may precede any trouble with the gait by months or even years. In others the legs are first attacked and the eyes remain unaffected for a long time. It is worth mentioning that one of the first symptoms complained of is *swaying* when standing in the dark and trouble in getting about the room at night. If the patient is made to stand with his feet together and his eyes shut he will *sway* considerably. One of the first symptoms of tabes is occasionally intense stomach aches with uncontrollable fits of vomiting lasting for days or weeks. These "gastric crises" may easily be mistaken for some primary disease of the stomach itself. They really have a nervous origin in common with the other symptoms of this manifold disease. As the disease progresses, which alas it usually does eventually, tho it may be kept in check a short time, a curious degeneration of the joints sometimes occurs, usually at the knee. The knee swells greatly, the tissues of the joint gradually are destroyed, including the very heads of the bones, and the leg becomes no better than a flail. Sooner or later the wretched victim loses control of his urine and feces, and becomes as helpless as a newborn infant. Life is no longer worth holding on to after this calamity, especially when

the crowning affliction of horrible bedsores is added. At last merciful death comes to him in the shape of pneumonia, consumption or some such terminal infection.

What is the outlook, we anxiously ask, in this terrible disease? Is there no hope of cure? Science at the present knows of none. The issue can never be avoided, only postponed. In favorable cases, however, the patient may live many years, even twenty, when death usually occurs from some acute disease, to which tabetic patients are peculiarly liable. Also he may be taught to walk fairly well by means of the Fraenkel method of gymnastic exercises. But in spite of all the attempts of the specialists thruout the world locomotor ataxia remains essentially incurable. The logical inference is: prevent it!

Prevention of disease can be accomplished only thru avoiding its causes. *And the principal cause of tabes is syphilis, as is shown by the fact that Dana found it preceded tabes in 70 per cent. of his cases, and Erb, the great German nerve specialist, found it in 89 per cent. of his.* The moral is plain. Predisposing causes of lesser importance are hereditary weaknesses of the nervous system, excessive use of alcohol, sexual diseases, overexertion long continued, exposure to cold and bodily injury. The first three are the chief.

The important question at once arises: will proper treatment of syphilis prevent all danger of tabes in later life? Unfortunately, not entirely. But we can say positively that neglect of proper treatment greatly increases the danger of tabes, and conversely early and thoro treatment greatly diminishes it.

GENERAL PARESIS.

The other nervous disease of which syphilis is the chief factor is general paresis or "general paralysis of the insane." It is essentially a mental disease, a progressive degeneration of the brain as well as the spinal cord, which is usually fatal in about three years. Syphilis is not the exclusive cause, but is found by different authors to have proceded in 50 to 80 per cent. of the cases. (Dana and Regis.) It occurs also in children afflicted with hereditary syphilis.

Dana sums up graphically the origin of the disease in the following words: "Let a man of nervous constitution acquire syphilis between the ages of 20 and 30; then let him work as hard as possible without a vacation, under great mental strain, drink a great deal of alcohol, and indulge excessively sexually:—such a man will be pretty sure to bring on paresis in ten to fifteen years."

The long period elapsing between contracting of syphilis and the development of paresis is worth noticing It illustrates the insidious nature both of this disease and of the late results of *syphilis in general.*

The first symptoms are very insidious and obscure. Some change in the disposition is often the first peculiarity noticed. An ambitious man becomes apathetic; an industrious one slothful, or a virtuous one dissolute. A man of irreproachable etiquette commits some gross breach of manners, which we truly say he would never have done "if he had been in his right mind." The energy relaxes, the judgment weakens, the memory fails. As the intellectual faculties weaken, a peculiar egoism and exaltation takes their place. The patient becomes loquacious, exuberant and boastful. He imagines himself to possess unlimited riches or knowledge or power, perhaps even to be the son of God. In other cases, on the contrary, the disease begins with a stage of depression, resembling severe nervous prostration or melancholia.

These early symptoms of general paresis are very often mistaken for nervous prostration, and the differential diagnosis is indeed difficult. It is very important to recognize the true nature of the condition as soon as possible for two reasons: First, early and proper treatment may check the disease or give the patient at least a remission of several months, and second, to prevent the patient injuring himself and his family by committing indiscretions and misdemeanours for which he should not be held responsible.

The further course of this disease is marked by frequent remissions, during which the patient may be so well as to resume his work for several months. Actual recovery, however, is almost unknown. The average duration of life is two years. A few live five or six. Frequent paralytic attacks hasten the fatal termination. Death may be due directly to such an attack or to pneumonia, consumption, or some other terminal infection. In the majority of cases one may say that life flickers out from sheer exhaustion. The only form of treatment coming within the province of this article is prevention; moreover, as the disease is incurable, it is also the only successful treatment. *The three sins which are likely to cause this horrible disease are sexual debauchery resulting in syphilis, alcoholism, and excessive intellectual work and strain.* If you would avoid all danger of general paresis, avoid these three causes.

Chapter V.

Personal Protection Against Venereal Disease.

The very nature of the venereal diseases makes them preventable. Here more than anywhere else in the range of human experience, is an ounce of prevention worth a pound of cure. As is clear from the modes of transmission of these diseases already described, all that any man or woman has to do is to avoid sex-intercourse or other close personal contact with those carrying the contagion, and also public drinking cups and toilet articles. *In practice this means for men to avoid all indulgence in prostitution; for women it means not only to escape being seduced and forced into or voluntarily entering prostitution, but also if possible not to marry a man who they suspect has been a victim of venereal disease.* Every girl should be taught that it is of vastly greater importance for her to know the sexual and physical record of her suitor than his bank account; and her brother or father should consider it his sacred duty to investigate the moral character and reputation of the young man on whom his sister's or daughter's happiness and life depend.

It is very easy to say to young men: if you want to avoid the venereal diseases, simply avoid illicit intercourse, keep continent. But it is easier said than done! Whether a man keeps continent or not depends unfortunately on a great many factors besides his own character. It would take another book to do justice to the economic, social, moral, physical, and educational forces which are responsible for the widespread indulgence in promiscuous intercourse among modern men. I can only take time here to contradict three very common fallacies, which remove to a great extent the natural fear which young men have of sexual indulgence.

The first fallacy is that sexual congress is necessary, especially for young men in order to preserve the manly vigor. Unfortunately some doctors have supported this idea; but the entire weight of medical authority in America is against it. The experience of successful athletes is of great practical value in this connecetion; it speaks unqualifiedly for continence. The idea that the sexual organs will degenerate if not used is proved false by experience. Continence preserves virility, while sexual indulgence exposes to the venereal and other nervous diseases which cause impotence.

The second superstition is that a man can run practically no danger of contracting a venereal infection if he uses some antiseptic wash after sexual indulgence or some protective appliance. It is reasonable to suppose that such precautions do prevent many infections, but experience establishes beyond a shadow of doubt that none of these methods can be relied upon absolutely. The

author happens to know among his own small acquaintance a young man who religiously used antiseptics, but nevertheless was infected by both syphilis and gonorrhea.

The third false belief is that it is safe to go to a regular brothel. The origin of this idea is probably the fact that a much smaller percentage of regular prostitutes are infected than of "girls on the street," and also that in Paris and many of the European capitals all the licensed prostitutes are subjected to regular physical examination and quarantined for a time if found diseased. One may get some idea of the frequency of venereal infection among registered prostitutes (or regular inmates of brothels) from the figures given by Dr. Ravogli for Cincinnati, where a system of medical licensing and regular physical examinations and treatment was introduced in 1893, but later abolished. In the year 1893 there were 142 prostitutes treated for venereal disease; in 1894 there were 224; in 1901 there were 529, in 1902 324. As the total number of licensed and examined prostitutes in 1903 was only 625, it appears that not less than a half of them are infected at least once during the year. In Paris no less than 13.5 per cent of the licensed prostitutes were found diseased, and over 30 per cent. of the unregistered. Good French authorities say that about 65 per cent. of all prostitutes have been infected before the age of twenty-one. They pass most of their infectious period unlicensed, which explains the much lower morbidity among the licensed, most of whom have passed thru the infectious stage. Moreover there is not now any system of registration and medical examination of prostitutes so far as I know in any American city.

No, the American people, so stupid in much of their legislation, have wisely refrained from legalizing the institution of prostitution and attempting to make it safe and attractive. The example of Paris, which has tried this system for a hundred years with little success, should teach us not to enact any such vicious laws. We must prevent and gradually abolish prostitution, not blindly attempt to sterilize it.

Every American youth must be taught that the only safe way for him to avoid the venereal plagues is to keep continent until marriage; that the patron of prostitution is truly responsible for the perpetuation of the institution and quite as injurious a member of society as his female partner.

And after all it is not at all impossible to keep pure and continent. *Continence is very much a habit; and the habit once well established requires no great effort to maintain.* Like all habits it must be established by seeking those influences which strengthen it and avoiding those which weaken it. Every man knows from his own experience what influences help him to control his sexual impulses and what hinder. Every man must find these out for himself and be ever on his watch against the traps set to arouse his animal nature. For some men daily out-

door exercise is essential to preserve their physical and mental equilibrium; others must particularly avoid overeating; while still others must especially guard against being idle, for then lascivious ideas get possession of their minds.

But the greatest danger of all to the control of the sexual impulse is drinking. M. Forel proved the great importance of liquor as predisposing to sexual indulgence by collecting statistics in France, which show that no less than 76 *per cent. of all venereal infections occur under the influence of alcohol.*

The most restraining influence on the contrary is the true love and companionship of a pure girl. Many a young man has been saved from moral and physical ruin by the love and confidence of such a girl or woman. Every man should grasp every opportunity to obtain this great blessing and moral anchor. There is only one force stronger than sexual passion: that is true love.

Addendum.

The preaching of continence is praiseworthy. It is possible that such preaching has some effect in keeping away the male adult from illicit intercourse. The fear of venereal infection is another deterrent and is probably a more efficient factor than moral fear per se. Unfortunately, it must be admitted that the influence of both factors—moral precept and physical fear—in restraining people from sexual indulgence is an insignificant one; one might almost say, a negligible one. In spite of the greater diffusion of the general rules of hygiene and sanitation, venereal disease is on the increase and not on the decrease. And this is bound to be so long as the economic condition prevails, which makes marriage a more and more difficult problem. Therefore, as long as people, in spite of moral precept and fear of infection, will not remain continent, it is our plain duty to teach them how to take care of themselves. The statement that venereal infection is a *punishment* for sexual sin and should therefore not be interfered with is too ridiculous, too contemptible and too cruel to be worthy of serious consideration. It might have been a proper subject of discussion for the casuists of the middle centuries, but surely not for liberal-minded humanitarians of the twentieth century.

We firmly believe that putting into the people's hands a practical and efficient means of preventing venereal infection will do more good to humanity than all our continece preaching, all our societies of venereal prophylaxis, all our tracts and pamph-

lets. If one does not care about the suffering of the "guilty" ones, let him consider the thousands upon thousands of innocent victims—the blind infants, the hereditary syphilitics, the gonorrheally infected wives.

Shall we do nothing to prevent this horrible misery, which is almost entirely avoidable? Only the hopeless fanatic will say No. The rational humanitarian will say: yes! And fortunately we now possess remedies which may be considered infallible prophylactics both against gonorrhea and against syphilis. The best prophylactic against gonorrhea is a properly prepared two per cent. mixture or solution of protargol. This is being used very largely in the German and other continental armies, as well as by the German students, with remarkable success. It has contributed in a very marked degree to the diminution of the incidence of gonorrhea. In our opinion every physician should bring this prophylactic to the attention of his venereal patients, so that they may avoid fresh infections in the future.

As a prophylactic against syphilis, the best preparation at the present time is considered to be Metchnikoff's ointment, which has the following composition:

Hydrargyri chloridi mitis	33.
Adipis lanae	57.
Petrolati	10.

The experiments of Metchnikoff and Roux and Salmon, his collaborators at the Pasteur Institute in Paris, seem to leave no doubt as to the great prophylactic value of this ointment used *ante* or immediately *post coitum*.

That individual prophylaxis is not a chimera and that with the use of prophylactics venereal infection may be reduced to a minimum is seen very clearly from a study of the figures in the various armies. In the English army the percentage of syphilitic infection reaches the appalling figure of 75 per 1000! As Dr. Keyes says in his recent book on Syphilis (D. Appleton & Co., 1908): "The prudish Anglo-Saxon refusal to countenance protective measures for the health of the army here shows its results." The United States army follows with 34 per 1000, Austria with 19, Russia with 13, while France, Holland, Bavaria and Prussia, where venereal prophylaxis is obligatory show a syphilis morbidity of 6.7, 4.9, 4.3 and 4. respectively. Think of the difference between 75 and 4! The difference in the percentage of gonorrheal infections is still greater. And the difference is

caused exclusively by individual prophylaxis. If we can reduce venereal infection to such a small percentage in the army and in the navy—bodies not especially noted for sexual moderation—why can we not accomplish still greater results by spreading the principles of genuine practical venereal prophylaxis among the people at large?

Why can we not? Yes, we can. Give us *carte blanche* in the matter of propaganda and we will undertake practically to abolish in this country the venereal plague— the triad of gonorrhea, chancroid and syphilis—within one decade.

But as it is not likely that a philantropist will be forthcoming so soon to help in this imperatively needed agitation, the work of the abolition of venereal disease will have to proceed more slowly.

We will do our share towards the uprooting of the black plague. But we ask the cooperation of the medical profession and the intelligent lay public. The former *will* help because it —the better part of it—has always worked altruistically in the sanitary interests of the people; the latter *must* participate in the work—in sheer self-defence.

W. J. R.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his reade r if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

The Editor Was Sick.

When the readers of the CRITIC AND GUIDE see the above heading, they will, I know, forgive me at once any dereliction of which I may have been guilty during the past month and I will be free from the irksome necessity of giving explanations and apologies for not having answered letters, responded to queries, etc.

Yes, the editor was sick. And, oh, how sick he was! I never thought that one could be *so much* sick in such a brief space of time. And it was all in my poor head. It started with one little hammer. It hammered and hammered persistently and uninterruptedly. I bore it stoically. Then that one little hammer became two, then four, and in a day there seemed to be a million little hammers, hammering away as if they were paid double wages. And then all these little hammers became merged or consolidated into one gigantic hammer. But I knew that that belonged to the game and I bore it as best I could.

But then I did a foolish, a Don-Quixotic thing. I had a patient, about 35 miles out in the country, a man of 66, in the last stages of nephritis and heart disease. He had some sinking spells and he was very anxious for me to come out and see him. When they told me from whom the 'phone was, I dragged myself down from bed, and the patient's nurse delivered to me the man's prayerful request. Not fully realizing my own condition, I promised to come out and see him as soon as the train would take me. I dressed and when ready to leave the house, I took

my temperature and pulse. To my consternation I found the first was 102 degrees and the latter 136 per minute! I kept these facts to myself. *Noblesse oblige.* I promised I would see the man that day and I was going to do it. (And the hammer hammered.) But when I finally got there, I was for the time being a much sicker man than my patient. I am glad to say I helped the good old man and at the present writing he is still alive and quite comfortable.

When I got home and got to bed, I was dazed for a while. Then the hammer disappeared. Yes, it did. But instead of it they inserted a giant rock drill, and it drilled and it bored and it bored and it drilled—oh, it was exquisite. I trust that my very worst enemy will never experience anything like it. I could not help thinking all the time of the horrors of the Spanish inquisition. It was unbearable. Good old Dr. Jacobi—bless his soul—came up to see me and afforded me considerable comfort. Well, it is no use dwelling on the subject. It was terrible while it lasted, but it is all over and I am all right now, in full harness and ready for the work. I will only add, that ice applications to the head seemed to make matters worse, and the only relief I got was from the much maligned coal-tar antipyretics. And, in parenthesis, I will say, anathema be the ignoramus who does not believe in the value of drugs, especially in their frequently marvelous value in acute disease.

Yes, dear readers, your editor was *hors de combat* for a while, but he is with you again, in full armor and his pen, which implement our old friend Richelieu declared to be more powerful than the sword—is again at your service.

The April Issue.

In publishing the April issue of the CRITIC AND GUIDE we knew we were sending forth one of the most useful, if not the most useful, number that we have ever published. Our readers seem to think likewise. Compliments and congratulations have been showered on us galore. And our readers are showing their appreciation not in words only: Many of them are ordering ten, twenty, fifty, a hundred extra copies for distribution. We wish we had printed 20,000 copies more than we had. But we have the type standing. And if there is a sufficiently strong demand, we will reprint the issue.

The Sydenham Hospital.

It seems to us high time that this institution were subjected to a searching investigation. From all reports it appears that the principal object of this hospital is to squeeze out money from easy-mark-doctors. Every few months a new staff of visiting physicians and adjuncts is appointed (for a consideration), and

every Monday new assessments are levied. When the physicians are no longer able to stand the bleeding process, when they are no longer able or willing to "put up," they are asked to resign, and a new staff is appointed. And so on, and so on. This hospital is becoming decidedly odoriferous and a minute investigation followed by a thoro disinfection would be welcomed by the community.

The Damage Frequently Caused By Gonorrheal Injections.

It has long been recognized by genito-urinary surgeons that the treatment of gonorrhea by injections is contrary to the rules of a true surgical technic. We remember Prof. Lassar saying many times that gonorrhea is the only disease in which we drive the germs in instead of driving them out. And we believe it is a great mistake to give posterior injections or even bladder irrigations so long as the gonorrheal process is limited to the anterior portion of the urethral canal. It is wrong to force open the cut-off muscle which serves as a wall between the anterior and posterior urethra so long as we are sure that the posterior segment is not affected. We have seen numerous cases in which we believe that the extension of the gonorrheal process from the anterior to the posterior urethra was caused directly by the injections. Of course we can never be sure of such a thing. There is always a possibility of believing that the extension of the process would have taken place anyway, but two cases that have come under our notice seem to leave little doubt of the fact that the mischief was caused directly by the injections.

The first case was that of a drummer, a young man of twenty-four, who became infected with a typical first gonorrhea. All the symptoms pointed to the fact that the process was limited to the anterior portion. I treated him by internal antiblennorrhagics and by protargol injections, using about two drams of 1-2 per cent. solution with each injection. At the end of four weeks this man was practically cured. The discharge was very scanty. There were no shreds in the urine and gonococci were practically absent. The man at that time had to leave New York. I told him that while he was practically cured, he was not quite cured and advised him that it would be best for him to be under a physician's care for a week or two, until the cure would be absolute. A physician whom he saw in Buffalo gave him a silver-nitrate injection and immediately following the injection all the symptoms of the case became aggravated, the discharge of course increased and urination became painful. He had symptoms of acute prostatitis and in another week he was laid up with epididymitis. When he came back to New York six weeks later the case was a very bad one and it took three months of very careful and anxious treatment before I was able to bring him to the stage in which he was when he left me nearly five months previously.

In my opinion there can be no doubt that in this case the extension of the disease was caused directly by the strong and apparently abundant siver-nitrate injection which drove the gonococci posteriorly and gave them a favorable (inflamed) soil for development.

I will state here in passing that while nitrate of silver in proper strength, used in chronic cases of posterior urethritis is of great, sometimes of remarkable benefit, this drug is responsible for many damaged urethras. It is unfortunately only too often used unscientifically and in acute conditions where it only adds fuel to the fire.

The second case was in its essential feature, that is, in the results following, similar to the first, only here the patient, impatient to expedite the cure of his disease, took it upon his own responsibility to administer himself an injection. The results were such that he became convinced that he who doctors himself very frequently has a fool for a patient. Instead of expediting his cure he retarded it by at least six months.

The Human Tongue.

Some of the tongues that are presented to the gaze of the examining physician are very peculiar indeed—peculiar in their disagreeableness. One is surprised how a civilized being can carry such a filthy thing about with him. The thick furry coat has a disagreeable fecal odor, and a minute speck examined under the microscope shows millions and millions of bacteria. A veritable breeding place for numberless varieties of germs, one can readily believe that such a tongue cannot fail to be the starting point for numerous infections and inflammations of the internal organs. Many cases of pharyngitis, tonsilitis, laryngitis, bronchitis, many cases of obstinate chronic catarrh and indigestion can be traced directly to a dirty tongue. And more than once we have been obliged to tell a patient rather bluntly: all your troubles are due to an unclean tongue. Be sure and have your tongue perfectly clean, before you come for the next treatment.

But disgusting as a physically unclean tongue is, a morally unclean, a vicious, slanderous tongue is a thousand times more so. The injury caused by it is incalculable. A physically unclean tongue injures its owner only, a morally unclean, i. e., an untruthful, slanderous tongue injures dozens, hundreds of people, besides—eventually—rendering the owner himself miserable, despiced and shunned by all decent men.

The virulence of some germs in passing thru successive animal bodies becomes attenuated; other germs increase in virulence with each successive inoculation. The germ of gossip belongs to the latter class. As a piece of gossip passes from mouth to mouth, it gains in untruthfulness, in nastiness, in virulence;

so much so, that the original promulgator of the untruth may find it difficult to believe that it was his unclean tongue that set the lie in motion.

The injury caused by gossip, by the wagging of unclean tongues would be insignificant, but for one damnable proverb, the falseness and cruelty of which can only be known by those of vast experience in the affairs of the world. The proverb is: Where there is smoke there must be some fire. Used literally, the proverb is generally true; but used figuratively, the proverb is more often false than it is true. Because a slanderous tongue starts a certain yarn about a person, which yarn is taken up by other unclean, idle, slanderous tongues, is no reason why there must be the minutest particle of truth, the faintest shadow of probability, in that yarn.

In times gone by, when we were younger, we were like the rest. When many tongues repeated certain statements about a certain person, we could not help thinking: there must be some foundation for such statements, there must be some fire. But on several occasions we were in a position to become convinced that certain rumors and statements were absolute lies, lies out of whole cloth, deliberately started by a vicious, envious Ananias and readily taken up by idle unclean germ-laden tongues. And since then we have ceased to repeat, parrot-like, the deep proverb: Where there is smoke, there must be some fire. We listen to no rumors, we take no stock in hearsay statements, we throw cold water on the effusions of the idle gossip and we have a very important engagement when the slanderer begins to wag his venomous tongue.

We take nothing for granted, nothing on faith, and we believe only in things that we *know*.

Gentlemen, clean your tongues, and *don't* believe that, where there is smoke there must be fire. There is such a thing as a spontaneous miasmatic smoke.

A Healthy Mind in a Healthy Body.

Mens sana in corpore sano. If this maxim be interpreted to mean that a healthy mind in a healthy body is the highest desideratum, then no objection can be raised to it—nothing but unqualified approval can be accorded it. But it is generally used with another meaning: to convey the impression—and in this sense it is used as a motto by various "health" journals—that a healthy mind usually goes with, or is dependent upon, a healthy body. In this sense the statement belongs to the category of things that are not so. A healthy mind does not necessarily go with, nor is it dependent upon, a healthy body. To prove the first part of the proposition—that a healthy or great mind is not a necessary accompaniment of a healthy body—it is sufficient to call attention to our fistic heroes, our prizefighters, who with

[illegible] many instances not [illegible] the contrary. In confirmation of the second part [illegible] great minds can exist in sickly or frail [illegible] instances could be cited, but we shall [illegible] those of Darwin and Carlyle. The first was [illegible] although the second was anything but a giant. And it is [illegible] of the greatness of mind that is remarkable: the tremendous [illegible] the wonderful, untiring patience, and the great capacity [illegible] actual work that resided in those frail, weak bodies is still more a cause for wonder. We might add, it is brain, not muscle, that does the work of the world nowadays.

A "Specialist's" Secret Remedy.

The late Prof. Niemeyer, who some half a century ago did much toward popularizing the treatment of anemia with Blaud's pill and the treatment of epilepsy with bromides, relates the following story:

He [illegible] of inveterate epilepsy which he had [illegible] were [illegible] had been completely cured [illegible] whose advertisements were to be found [illegible] newspaper. He investigated the [illegible] parent, whose gov- [illegible] and whom he had [illegible] several months. [illegible] of numer- [illegible] ages of his [illegible] never had a [illegible] the mixture [illegible] the acute [illegible] were given [illegible] gradually [illegible] appeared that [illegible] proves [illegible] that was

[illegible] Dogs Bound to Bleed.

[illegible] first the [illegible] the dam [illegible] it re-

[illegible] use as

demand the muzzling of dogs: the fright produced in children by the barking of unmuzzled dogs and their attempts to bite is extremely injurious. We know of one and have heard of several cases where a dog's attempt to bite produced serious nervous trouble in children and women. In one case an obstinate chorea dated from the moment that a large dog threw down a child and tore its clothes.

Dr. George Dock, the Council on Pharmacy and Chemistry and Antikamnia.

Life is so dull and monotonous that we should always be grateful to him, her, it or them who adds or add one little bit to the gaiety of nations. Dr. George Dock, of Ann Arbor, has been made a member of the recently arisen Consulting Staff of the Council on Pharmacy and Chemistry. A better selection could not have been made. Dr. George Dock is one of the few (Heaven knows how very few there are) really bright physicians in our country. But as I got thru reading the list of names of the Consulting Staff, the mail brought among many other journals a copy of *The Physician and Surgeon.* Dr. George Dock is at the head of the collaborators of *The Physician and Surgeon,* and that journal carries in its advertising pages such highly ethical preparations as antikamnia, Duffy's malt whiskey, sanmetto, and a dozen others distinctly condemned by the Council, of which Dr. Dock is now a consulting member. And I could not help smiling. In fact, I could not help laughing out loudly.

How will it be now—will Dr. Dock resign from *The Physician and Surgeon,* or will *The Physician and Surgeon* discard all ads. not approved by the Council? (In the latter case, *The Physician and Surgeon* will be practically without a single ad.) Whichever way it will be, in the meantime, it is funny.

Undesirable and Unexpected Actions of Well-Known Drugs.

The general practitioner is often confounded in his daily practice by an unlooked-for effect from some well-tried medicine he has prescribed in ordinary doses. His first hasty conclusion is apt to be that either the patient has an idiosyncrasy to the drug, or that its being impure or adulterated is the cause of the undesirable action. He probably does not give due consideration to the fact that the strength of tinctures and other preparations made from the same plant sometimes differs very much, according to the place where the plant was grown, or its age; that alterations in the effect of drugs may depend much upon changes in them after being swallowed; that the time for administration may have been ill-chosen, etc. Anent this subject it is interesting to recall the words of our great master, Jacob Bigelow, uttered over fifty

years ago, in an introductory lecture at the Massachusetts Medical College. Among the many beautiful and deeply philosophical things he said, was this: "But gentlemen, the agents which we oppose to the progress of disease may by excessive or by ill-timed application become themselves the pregnant sources of disease. Every prudent practitioner is bound to consider the effect and tendency of the remedy he is using, and to inquire whether the means employed to counteract the existing disease are not in their turn likely to produce evil to the patient, and if so, whether the evil will be greater or less than the disease for which they are administered. *The sudden healing of an ulcer, tissue or eruption* may be followed by symptoms more serious in their character than those which have been removed. The habitual use of active cathartics, altho attended with temporary relief, seldom fails to bring on or aggravate a permanent state of costiveness. Opium and other narcotics are in themselves, if abused, fertile sources to disease. . . On account of these and similar considerations *much discretion* is needed on the part of the physician to enable him to judge rightly of the *kind* of treatment, which it may be safe and proper to employ, and of the *degree* and *amount* of that treatment, and of the requisite *length of time* for its continuance."

The Treatment of Coal-Gas Poisoning.

We wish to call the attention of our readers to a little remedy in coal-gas asphyxia that has proved very efficient, but with which, we fear, not many are familiar. We refer to the administration of hydrogen dioxide per rectum and per os. Per rectum it is given in full strength; per os it is diluted with an equal volume of water. The dose of the dioxide per rectum is about 2 ounces; per mouth about 1 ounce; and it may be frequently repeated. The usefulness of the treatment depends upon the absorption of oxygen from the hydrogen peroxide into the blood current. A piece of ice inserted into the rectum is a great adjuvant, as it has quite a remarkable effect in restoring consciousness.

The Poison Squads.

I wonder how long it will take the people to see thru the childishness, the silliness, the bufoonery of Harvey Washington Wiley's "poison squads." The esteemed Dr. Wiley takes a "squad" of young men, puts some borax, boric acid or sulphites into their food, keeps them on that diet for a few days, asks them how they feel, weighs them and by results of his findings judges of the injuriousness or harmlessness of certain food preservatives. Such experiments are utterly worthless and fallacious.

Take a number of men, give them perfectly healthy food without any preservatives, but tell them that their food contains

some chemicals and that you are "experimenting" on them. We would be willing to wager a good round sum, that a good many of these people would complain of headaches, stomach trouble, anorexia, etc., and some would actually lose weight and begin to run down. *Suggestion in food plays as great a rôle as in medicines,* and experiments with the effects of foodstuffs on the subjective and objective symptoms of human beings, in which the element of suggestion has not been entirely eliminated, are, as we said, utterly worthless and fallacious.

Let us be thru with the tomfoolery of the Poison Squads!

Dr. Wiley as a Chemist.

And now, in our capacity of Iconoclast, we are obliged to shatter another idol. The "people," the masses whose sole intellectual pabulum is the newspaper, that inexhaustible source of misinformation, that thesaurus of things that "ain't" so, are of the opinion that Dr. Wiley is a great chemist. Well, Dr. Wiley is not a great chemist. He is not even a near-great chemist. He has done absolutely nothing for the advancement of the science of chemistry, and in the world of real chemists—sorry to shock your newspaper-derived opinions—Dr. Wiley has no standing at all. The estimable doctor is merely an analytical chemist of very ordinary capacities, such as we have hundreds of in every large city. He is *probably* quite sincere, but is *certainly* quite mediocre. But ours is a country of mediocrities. In a country in which Chauncey Depew is a great orator, Joe Cannon a great statesman, Elihu Root a great lawyer, John D. Rockefeller a great philanthropist, Eddie Bok a great journalist, Clyde Fitch a great dramatist, James R. Day a great Chancellor, S. N. Hallberg a great pharmacist, Frank Billings a great physician—it is not surprising to see Dr. Harvey Washington Wiley figure as a great chemist.

But it is to laugh.

The *Boston Med. and Surg. Jour.* for January 23 contains exceedingly interesting extracts from Dr. Alexander Hamilton's itinerarium of 1744. They throw an interesting light on the practice of medicine of 100 years ago.

Bulletins of Health Boards are usually dry affairs and they are seldom glanced at, much less read. A very agreeable exception is found in the Bulletins issued by the Illinois State Board of Health. They are full of interesting and valuable matter and a wide circulation of some of the numbers among the city would, we are satisfied, do much good and go far towards the prevention of the spread of infectious diseases. Its illustrated brochure on the ravages of smallpox should be sent to every household in the United States.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Water Drinking and Gallstones.

Lauder Brunton is satisfied that a great many cases of cholelithiasis are the direct result of too little ingestion of water. This deprivation on the part of the liver of a proper water supply induces the secretion of concentrated bile salts, thick and viscid in consistency, which readily solidify into concretions. If to the patient who comes to him complaining of gallstone symptoms the physician puts the question, "How much water do you drink?" in nine cases out of ten the patient will answer, "I drink very little, I am not a thirsty individual at all." These patients should be instructed to drink more freely; however some discretion should be used in the manner of their carrying out the instruction. A glassful of cold water is not always a desirable or pleasant thing to take; it is very apt to depress the stomach and bowel, and to make the patient feel exceedingly uncomfortable, and thus do more harm than good. But a glass of hot water, or better yet a glass of hot normal salt solution, can do no harm at all and is sure to be of great benefit.

The best time at which to take this hot drink is about half an hour before eating. Taken at this time, instead of diluting the gastric juices it has plenty of time, before the meal is eaten, to be thoroly absorbed into the system, and by the time digestion begins it is ready to be secreted by the stomach and liver in the form of gastric juices and bile. In this way the thoro preparation of the chyme in the stomach is promoted, and a properly diluted bile is secreted which maintains the salts in solution and moves along the ducts without any trouble. Of course Brunton is far from offering this as an infallible and ubliquitous cure for gallstones, but he does assert that many patients may be kept reasonably free from the troublesome symptoms of gallstones by the simple judicious use of hot water, or hot salt solution, as described above.

Abnormal Hunger or "Gnawing at the Stomach."

Abnormal hunger, or, as the patient expressively calls it, "gnawing at the stomach," is seen principally in two widely different conditions, namely, gastric neurosis or nervous dyspepsia and chronic catarrhal gastritis or chronic dyspepsia. The ravenous hunger of diabetes and other similar disorders of metabolism can hardly be regarded, from a gastric point of view, as abnormal; this type of hunger arises from the reflex influence of the starved

tissues upon the stomach, and so far as that organ is concerned is a perfectly normal and physiologic response to the stimulus. In the two conditions named, however, the sensation of hunger is a demand made by the stomach which is not warranted by the needs of the body tissues. None the less it is a very troublesome symptom, and calls for relief, and inasmuch as the pathologic physiology is widely different in the two cases, the treatment demands correspondingly intelligent discrimination.

Nervous dyspepsia may be regarded as a group of cerebral impressions made by the process of ordinary digestion upon a hyper-sensitive nervous mechanism, and the eructations which occur in this condition as a form of motor reflexes from such irritation. Another different effect of this extremely irritable reflex is an excessive secretion of gastric juices, causing sensations of hunger which occasionally amount to actual pain. Subjectively the unpleasantness may, of course, be relieved by food, and as a temporary measure there is no reason why a little hot milk should not be given when the sensation is troublesome. The only radical way of dealing with it, however, is to restore the nervous balance between the gastric function and the rest of the body, and this is best accomplished by means of bromides. The bromide of potassium is the preferable preparation; its action is threefold; the bromide acts as a cerebral sedative, the potassium both as an alkaline corrective and a depressor of the peripheral nerves of the stomach. It is well combined with a bitter and a a softer alkaline, as

Potassii Bromidi gr. x
Sodii Bicarbon. gr. v.
Infus. Gentianae oz. i

The abnormal hunger of chronic catarrhal gastritis is due to the outpouring of mucus into the empty stomach, which produces a good deal the same sensation as the flow of gastric juices. In this case it is useless to give food of any kind, for food does not check the secretion of mucus, and its presence in the stomach only adds to the discomfort, because the gastric juices are not secreted in sufficient quantity to take proper care of it.

This form of hunger is best relieved, temporarily, by washing the stomach out, either with a stomach pump, or by sipping hot saline solution, or if necessary even by an emetic. Its permanent cure is, of course, the same as the permanent cure of the gastritis, or at least an improvement of the latter to a point where the secretion of mucus is largely checked. For the purpose of clearing up this mucous secretion, there is nothing much better than ammonium chloride, given in doses of ten or fifteen grains dissolved in some bitter infusion. After the mucous membrane has been thoroly cleaned by this medication, the extract of hydrastic combined with nux vomica is an excellent agent for the restoration of the integrity of the cells.

Otitic Dyspepsia.

Krishi believes there is such a thing as an otitic dyspepsia. He reports several cases of purulent otitis media in infants, in whom the disease was associated with digestive disturbances, flatulence, diarrhea and emaciation which ceased when the ear disease was cured. In these cases there was no reddening of the tympanic membrane. He attributes the diarrhea to the passage of the pus into the alimentary canal by way of the Eustachian tubes.

Test for Indican.

Add to the test tube 10 cc. each of urine and strong hydrochloric acid (U. S. P.). To this mixture add three drops of a ½ per cent. solution of potassium permanganate. If indican is present in the urine, there will be formed a purplish cloud in the fluid in the test tube. Then add a few drops of chloroform, then one or two more drops of the potassium permanganate solution, and a few more drops of the chloroform, or a total of 5 cc. of chloroform; then shake vigorously for a few seconds. As a result the purplish coloration will be replaced by a deep blue, which is due to precipitation of the indican by the chloroform. The amount and intensity of the precipitated indican determine the extent of the putrefactive changes going on in the alimentary tract.

For Impetigo.—We do not know why the red sulphide of mercury (there is a black sulphide also—don't use that) should be more efficient against impetigo, than any other mercurial salt, but it is. We have not met a single case of impetigo contagiosa that was not cured within 2-3-4 days. The following formula may be used: Hydrargyri sulphidi rubri 1.0, ung. aquae rosae, petroloti aa 20.0. Apply three times a day.

For Freckles.—Corrosive mercuric chloride 1 grain, bismuth oxychloride 20 grs., hydrogen peroxide 4 drams, lanolin 4 drams.

For Burns.—Bismuth subnitrate 2 drams, boric acid 1 dram, [illegible] ounce, pure petrolatum 1½ ounce.

For Barber's Itch.—Benzanthol, green soap, precipitated sulphur, of each 30 grains, petrolatum [illegible]. First apply hot corrosive sublimate (1:1000) compresses for about an hour, and then apply the above ointment.

Powdered resorcin applied [illegible] to venereal warts is excellent. [illegible] the wart [illegible] after application.

Strychnine produces nervousness and restlessness in more people than is generally supposed to be the case.

The occurrence of orchitis during an attack of parotitis is a well known fact, but no satisfactory explanation of this remarkable phenomenon has yet been offered.

In an epidemic of mumps some children may suffer from orchitis alone without any manifestation of parotitis.

According to Osler the two most important remedies in whooping cough are: *six weeks* and a good big bottle of paregoric.

No disease is followed by such depression of spirits as is influenza.

When convalescence from whooping cough has begun, the child should be watched with the greatest care, for it is just at this period that the fatal broncho-pneumonias are apt to develop.

There is no general tonic more satisfactory in cases of tuberculosis of all kinds than Fowler's solution, says Osler. He advises giving it in 5 min. doses 3 times a day, gradually increasing and stopping its use whenever unpleasant symptoms arise.

Tincture of iodine painted over a wound is powerfully antiseptic and will prevent the development of pus.

Carbolic acid is still used too much by the laity and its purchase is still too easy. In the *Medical Record* for January 25, Dr. Isaac Levin reports 4 interesting cases of carbolic acid gangrene. In 3 cases amputation of the finger became necessary. And still some people are surprised why we are opposed to self-medication by the laity.

Cramer (*Münch. Med. Woch.*, Dec. 31, 1907,) has found that if pregnant women with edema are given a rigid salt-free diet, are strictly forbidden meat, milk or other articles naturally rich in salts, the edema promptly disappears, but reappears when a salt diet is resumed.

Hager's mixture has the following composition: Carbolic acid, ammonia water aa 2 drams, alcohol 12 drams, water 4 drams. In bronchitis and rhinitis of children it is recommended to sprinkle the pillow on which the child sleeps with 10-15 drops several times a day.

"The woman who has been well taken care of in a confinement cherishes for her physician a gratitude so deep as never to be forgotten. It is a hallowed feeling and a priceless one."

A strict meat diet in dyspepsia associated with hyperacidity is sometimes strikingly beneficial. Raw meat is best; give it grated or minced on stale bread.

In gastric pains accompanying SUPERSECRETION and superacity give very large doses of calcined magnesia (1 to 4 drams) at the height of digestion.

In JAUNDICE the pulse may fall to 40, 30 or even 20 per minute. The real cause of this bradycardia is unknown, tho it is supposed to be due to the action of the bile salts on the cardiac ganglia.

In jaundice all the tissues and organs are stained yellow, with the exception of the central nervous system. In icterus neonatorum, however, the brain and cord may also be stained yellow.

Seventy-five per cent. of all cases of gallstones occur in women. Pregnancy is an important factor.

Nearly 50 per cent. of all cases of gallstones occur in persons over 40 years old. They are, however, found in infants and even in the newborn (John Thomson).

In epistaxis a strong solution of antipyrine (20 per cent.) on cotton is the most effective. Hydrogen peroxide is also good. Iron is an old barbaric remedy. In the habitual form, give hydrastis and hamamelis internally to prevent recurrence.

A cold plunge in the morning is a good thing. But it is not a panacea and it is not a good thing for everybody. Some people are distinctly injured by a cold bath. They become more irritable, they get a chilly feeling which they cannot shake off, and their urine, otherwise normal, shows traces of albumin after the plunge. There is hardly one single thing in the whole world, which is good for everybody under all circumstances. Individualize!

Sparteine in cardiac weakness and anuria is invaluable. It is one of the few therapeutic certainties. Dose must be pushed sometimes as high as 3 grs.

Many remedies applied to the back of the tongue will act almost as quickly as if given subcutaneously; e. g.: nitroglycerin, croton oil, hyoscine, etc.

Every once in a while we get a request for a formula for a colorless tincture of iodine. In the name of common sense there is no such a thing as a colorless tincture of iodine. Iodine decolorized by ammonia water is no longer iodine and has not the therapeutic properties of elementary iodine. Drop it. If you want to use ammonium iodide, do so, but don't call it tincture of iodine.

It appears evident that the human body is capable from causes known as well as unknown to us of undergoing various alterations as regards not only its *physical,* but also what has been termed its *medical constitution.* Fevers are known to change their types; epidemics to assume new tendencies; and inflammations and local lesions to affect in no constant manner the constitution of individuals at the same period, or at different times and in different countries. *William Aitken.* 1857.

Loeffler's diphtheria solution for local application: Menthol 10 grams, toluol 36 cc., solution of ferric chloride 4 cc., absolute alcohol 60 cc. A painful but efficient application.

The term of Sach's Disease is applied to amaurotic family idiocy.

"Thou art seen to sweat with pain, to look pale and red, to tremble, to vomit well-nigh to blood, to suffer strange contortions and convulsions; by starts to let tears drop from thine eyes, to urine thick, black and frightful water, and to have it suppressed by some sharp and craggy stone, that cruelly pricks and tears thee." Thus Montaigne, who was a sufferer from renal calculi.

In simple phlebitis of the extremities all applications should be made with the greatest gentleness. No friction should be employed for fear of embolism.

In 1745 Antonius de Haen, the first teacher of technical medicine in the Hospital of Vienna, impressed his pupils with the necessity of attending to the temperature of the body in disease as *measured* by a thermometer, instead of being judged of merely by the hand.

The clinical and bacteriological conceptions are at present not in full accord. On the one hand there are cases of simple sore throat which the bacteriologists finding the Klebs-Loeffler bacillus call true diphtheria. On the other hand cases of membranous sloughing angina diagnosed by the physician as diphtheria are called by the bacteriologists, in the absence of the Klebs-Loeffler bacillus, pseudo-diphtheria or diphtheroid angina.—*Osler.*

"Furor Scribendi."

By Gustavus M. Blech, M. D.

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In attempting to write on so old a disease as the one designated by the heading, the writer finds himself in a somewhat similar dilemma as the famous German writer of epigrams, who started to write a poem in praise of laziness. But the poem consisted only of the announcement for—yawn—yawn—it was laziness itself which prevented the poet from praising it.

And to write on "furor scribendi" means showing a symptom of that disease. And inasmuch as the disease is not incurable I expose myself to the just criticism: "Physician heal thyself!"

On the other hand, who has a better right to discuss a disease than he, who has himself been afflicted, or is still afflicted with it.

But never fear—I do not at all intend to take up valuable space with the definition, etiology, symptomatology, pathology, (There is no diagnosis), prognosis and prophylactic and curative therapy of this widespread disease. For the mortality is practically nil, no matter what treatment instituted—the nihilistic one of *laissez faire* included—and, therefore, the disease loses practical interest.

Nevertheless, like the itch, the disease, at times, becomes annoying either in some of its aspects or by some of its symptoms, with the important difference that the annoyance attacks those who come in contact with the patient—but the patient himself *never*.

All jest aside, this *furor scribendi* on the part of members of our profession, in my humble opinion, is the bane of American literature, so-called.

The American code of ethics forbids advertising. It has even taken from the American practitioner the privilege accorded ultra-scientific German physicians, to announce in the newspapers their departures and arrivals from and in the towns they honor with their residence.

But no physician is fool enough not to know that advertising is the best and quickest way to obtain a clientelle, and since the code prevents him from paying money for space in the columns of the newspapers he soon tumbles to the fact that the columns of some so-called medical journals can be used at least to some advantage.

Oh, for the thousands and thousands of journals and reprints that have reached my desk, that contain nothing else but mere repetitions of what can be found in any student's manual! ! Here is an article on malaria by Dr. Recent Graduate. It gives the symptoms to a "T," as depicted in standard text-books with the valuable information that he has cured 29 cases with a preparation containing quinine—a mixture would be the better word. And we have the more startling information that this preparation cures it quicker and surer. Now, I do not accuse the writer that he was paid for the "reports," nor do I accuse him of ignorance, for he full well knows that the intravenous injection of a quinine solution is the quickest way to influence the disease, nor do I accuse him of never having seen even a single case of malaria—far be it from me to even hint at such a thing, especially when the ink on the young man's diploma is not yet dry—but I do accuse him of having obtained several thousand reprints from the manufacturers—and of distributing them among his clap patients, waiters at the restaurants, aunts, cousins, and nieces with instructions to show everybody they meet what a learned relative they have, since he "teaches the other doctors through the medium of the medical press."

There is another class. The man really knows something. He has even a fair technic in whatever field he aspires some day to become a specialist. It is necessary that he appear as such before the profession. He is above quoting descriptions of the disease from the text-books. But there is a new book out with a new therapeutic idea. The book becomes recognized. He adopts the treatment and has success. Great! Hurriedly the theories are taken from the book cum omnibus "mistakibus" et "nonsensibus," a few clinical reports are added, and presto! our young specialist *in spe* has a *"real,"* scientific article to his credit.

Could he but see the real author spending hours after hours re-writing the book for a second edition, refuting some of his own statements and substituting new observations, based on new theories—he would at least wait until that second edition has appeared.

Now, what is the trouble with the man? He has a fair practice. He has even real skill, but he cannot write. Well, let us be charitable. He suffers from vanity—he is simply delighted when he sees his own name in print. And I assure you I can sympathize with that poor man. I remember how happy I was when I saw my name in a newspaper for the first time. I was then thirteen years old. To be sure it was but a "communication" from my important self calling the attention of the police to our deficient sidewalks—but beneath that 10-line "article" were the words: Gustav M. Blech—and I felt prouder than Bob Evans with his powerful armada.

And what do you think was it that led me to write a 5-act drama entitled "Francis Pizzaro"—any thing less than a historic

drama would not do—when I was scarcely fifteen? Talent, you will say. Not much! You never heard of any of my dramas storming the hearts of the critics in Berlin, Vienna or for that matter even a fifth grade traveling show audience. But you cannot imagine how I felt when I handed the thick copy book to my professor of German, who promised to read it the same evening. And the next afternoon when he designated my heaven storming phrases, my beautiful and picturesque love scenes, my heroic assassination climax as "good pen-exercises," somehow I felt that I would never become as great as Goethe or Schiller (German was the only language I knew then)—and *voilà tout*—I have written no more dramas. So you see I am not an incurable chronic after all.

Nowadays we physicians in our *furor scribendi* have become monomaniacs. Fancy a young surgeon try his hand at short stories. No, not much. No sooner has he cut out an appendix but when he can see but one literary glory: to report that case. Well and good, if he have the time and ability to tell us what the symptoms were, what he found in the appendix after examining sections under the microscope. This may not offer anything startlingly new—but it represents at least scientific labor. Even when the symptoms were slight—and the pathologic findings showed, say, incipient gangrene—we learn something. We learn that we cannot depend on the symptoms. Such a furor scribendi brings fruit—small though it be.

For the journals, whose editors—perhaps because they are too busy to read—publish anything that comes from an M. D. I have but one wish—heaven help that they all perish, and the sooner the better. Some d——d fools subscribe for them, and that is money wasted. Some libraries file them away, and that means space wasted. No, not wasted, I apologize—the printer, compositor and paper manufacturer make a living. So, I humbly apologize for my rash statement.

But books! What of books! What exertion with scissors and paste! What labor to write out checks for photographers, proofreaders and—hush, this is in strictest confidence!— amanuenses for putting the busy man's ideas to paper.

Said one of my teachers to me: "So you intend writing a book. Praiseworthy. But you can get my praise only if you will accomplish that in the penitentiary—not in your library." I wonder what he meant. I am not sure. But whenever I pull myself together to start on a monograph I always go to my bookshelves behind locked doors. Somehow I do not care to have my former teacher come to see me unexpectedly.

And the book goes. The publisher sends complimentary copies with a short review. This review appears almost unaltered in every one of the backwoods magazines.

And that leads me to the subject of book-reviews. Last night I picked up the February issue of the American Journal of

Surgery. I saw a lengthy review on a well-known book on surgery. Hurrah! At last a real review. My heart was throbbing from joy. Think of it—the reviewer even read the index, and while giving due praise where the author deserved it—every shortcoming was fearlessly exposed. No generalities, but detailed technical discussion, and what is still more glorious, a good scolding for omissions of technical information of importance, and for spending too much ink on things obsolete and superannuated.

If all authors (?) were sure of having their work (?) "picked to pieces" in a like manner by all journals—well, sir, the publishers would go broke. And that of course would be a calamity.

Such criticisms of books, and the bold exposure of fraud and ignorance as has appeared with praiseworthy constancy in the CRITIC AND GUIDE would soon cure the *Furor scribendi* and create a demand and supply of good, sane, truthful, original and meritorious literature.

Potassium Vs. Sodium Salts.

By T. G. ATKINSON, M. D., Chicago, Ill.

A very common and widespread error, for which in no small measure the fetish of orthodox authority is responsible, is the generally entertained idea that the bromides or iodides of potassium and sodium are therapeutically interchangeable. For the great majority of physicians the question of giving the potassium or the sodium salt is merely a discrimination—and a hasty one at that—of the condition of the patient's stomach. If the stomach is "weak" he prescribes the sodium salt, because he has learned from some source—possibly from his own experience—that it is better "tolerated" than the potassium salt. But that there can be any profounder difference between the two forms of bromide or iodide, bearing directly on the disease for which it is being administered, or why and when the sodium salt is better tolerated than the potassium, and whether, in given cases, the superior gastric effect is worth while, are considerations which have little or no place in the average practitioner's therapeutics.

Yet one has only to bear in mind a few cardinal facts in the pharmacology of these drugs to become convinced that their therapeutic distinction is far more fundamental than the dispensatories would have us believe.

The remedies in question, the bromides and iodides, are supposed to ionize, under the influence of body conditions, into their component elements, so that pharmaco-dynamically one gets the action of the bromine or iodine and the potassium or sodium respectively. Indeed, that is the crux of their therapeutic activity and value.

Now as a matter of chemical ionization the characteristics and behavior of potassium and sodium may be so similar as to be practically identical. But that their therapeutic properties are fundamentally similar, distinguished only by a difference of gas-

tric toleration, we utterly and teetotally deny, and hence also deny the supposed therapeutic identity of the bromides and iodides of the two salts. The chemical ionization of iodine and bromine is practically the same; they belong to the same chemical family. But no one pretends that the therapeutic action of bromine and iodine is fundamentally identical, or that bromide may be interchangeably employed for iodide of sodium.

Imprimis, potassium, as a body salt, is present in the solids of the body, while sodium exists in the fluids; potassium is a constituent of the corpuscles, sodium of the plasma. Hence one would expect the former salt to exert a more profound influence upon the metabolism than the latter; and so, we believe, it does, playing of itself a powerful part in the alterative effects of potassium iodide to an extent that sodium cannot compass, because of its less stable condition (physiologically) in the body.

On the other hand, potassium has recently been demonstrated to be a direct and powerful poison to the cardiac muscle, and its immediate effects upon peripheral nerves are those of an inhibitant. It is this property, we think, more than the stronger alkaline reaction of potassium salt, that is responsible for its bad toleration by the stomach. The nerve endings of the stomach are depressed, the normal stimulus of digestion inhibited, and the process fundamentally hindered in a way that no chemical reaction can explain or remedy. Sodium, on the other hand, is a stimulant of nerve tissue up to a considerable point of saturation, and sodium salts rarely inhibit the nervous mechanism of either digestion or any other function. The danger point of sodium is of irritation rather than of depression.

Broadly speaking, therefore, the bromide and iodide of potassium are more powerful alteratives than those of sodium, but greater inhibitors of nervous functions. The former are also more physiologically stable than the latter; they dwell in the solids of the body while the latter resides in the fluids. We do not pretend that this embraces all, or even the most profound, therapeutic differences between the two classes of drug. But we think we have said enough to convince the thoughtful man that there is much more in the matter of discrimination than the mere question of stomach toleration, and to suggest a more or less basic ground for their differential administration. Personally we find that the great majority of patients call for a judicious mixture of the two, or an alternation at frequent intervals.

There are certain forms of frontal headache, due to hypersecretion of digestive acids, which are quickly relieved by a dose of potassium iodide. The reason is that the potassium salt exercises a powerful alkaline reaction upon the free acid and at the same time quickly and directly depresses the nervous mechanism of the stomach, thus inhibiting the digestive function. It is best administered in a bitter, e. g.: Potass. Iodide, gr. x; Infus. Gentian, oz. 1.

How I Healed a Large Granulating Surface.

By GEORGE A. MITCHEL, M. D., Richland Center, Wis.

Mrs. M. was operated in Chicago, Oct. 28th, 1907, for a tumor in the right breast. The mammary gland together with the axillary glands were removed. Owing to chills and fever occuring on the 8th day, the surgeon removed most of the stitches and allowed the wound to gap wide open so as to cleanse it thoroly. No attempt was made after this to draw the integument over any part of the wound. When the patient returned to her home in Wisconsin she was weak and emaciated. Also there was a large granulating wound 5½ by 6 inches.

As Mrs. M. absolutely refused to have any skin grafting done I had to resort to some other means to heal this granulating surface. The wound was dressed with non-alcoholic fluid Calendula and it was applied by saturating several thicknesses of sterile gauze with this remedy. This was covered with dry gauze and absorbent cotton and held in place by strips of adhesive plaster so as to prevent contamination by the ordinary bacteria in the air. In 40 days the wound was healed, except a place the size of a silver dollar, when the process came to a halt. The granulations were too exuberant and I applied, once only, a little sulphate of copper. This drug was too strong a stimulant for it destroyed too much tissue and so delayed the healing. Many times epithelium activity becomes retarded and it is always slower at the termination of the healing process than it is at the beginning. I found it so in this case for it took me 80 days to heal this surface. In this case the granulation cells were well nourished and the loss of substance was replaced to a great extent so that the scar is less contracted. Mrs. M. partook freely of good nourishing food and if there was no spontaneous movement of the bowels every day, a laxative of cascara sagrada, aromatic, and glycerin aa was administered. The patient being anaemic pepto-mangan (Gude) was ordered to be taken morning and evening. In regard to the local treatment of this case I tried three different kinds of dusting powder and two kinds of cerate, with no good results. The calendula was the only agent that did any good, and it is truly a wonderful remedy to limit suppuration and promote the healing process. Boerick's Homeopathic Materia Medica says calendula is a most remarkable healing agent applied locally, useful for openwounds that would not heal. An eclectic author says: Calendula is an important local remedy in ulcers and open wounds and the regular speak of it as a vulnerary. Altho it took some time to heal this wound the results are good.

[Calendula *is* a very useful vulnerary, but has been practically abandoned by our regulars.]

A Unique Case.

By R. WADSWORTH, M. D., Rochester, N. Y.

W. E., male; age 8. One afternoon I was called to attend this lad who complained of soreness in the arms, shoulders and neck, and was unable to get up owing to muscular stiffness. Upon questioning the family, I learned that for about two hours the previous afternoon, he had been using a shovel assisting his father in digging a ditch, and had become overheated.

On examination no disturbance of pulse or circulation was found and he had a fairly good appetite. I advised warm bath and massage with witchhazel.

Two days later I was called and found him playing about the yard. The muscular soreness and stiffness had disappeared, but the parotid and maxillary, and all of the lymphatic glands of the neck, axilla and groin were considerably enlarged, and pain was complained of on pressure on any of these parts. His temperature was 99 and pulse 85 and he had a good appetite. I gave ½ minim. of aconite and ⅛ gr. of calomel every two hours until free evacuation resulted. The following afternoon I called again and found him up playing with the dog; the medicine had acted promptly and the bowels moved freely. His temperature was 99½ and pulse 90; all of the glands were swollen considerably more than on the previous day and were more tender to the touch. The abdomen was full and hard even after the free evacuation. Examination of the abdomen indicated considerable soreness over the liver and spleen. He still took nourishment freely.

I stated to the parents that this lad's condition was far from satisfactory and that he should be kept very quiet, and suggested that Dr. Sprague be called in consultation, which was approved by them. Accordingly, Dr. Sprague and I arrived at the house about 10 o'clock the next morning, and found the boy dressed and sitting on his father's lap. He had eaten a fair breakfast and rested very well during the night.

His temperature was 100 and pulse 100. We were engaged in removing his clothing for the purpose of examining the abdomen, when suddenly he threw up a large quantity of fluid and immediately expired.

The following day an autopsy was performed, whereupon we found the abdomen filled with a colorless liquid; the liver greatly enlarged and dark in color; the spleen nearly double the normal size; the kidneys and lungs normal as was also the heart which was filled with blood; the suprarenal capsules were congested; the stomach was partially filled with a colorless liquid. The brain was not examined.

To me this was a very peculiar case and I would like to hear the opinion of others as to the cause of death in this case.

Was it toxemia poisoning? Or was it sudden heart failure?

Conducted by I. BALCH LOUIS, LL. B., of the New York Bar.

Effect of Guaranty under Pure Food Law.

The National Pure Food and Drugs Act provides in effect, among other things, that no dealer shall be prosecuted under the act when he can establish a guaranty, signed by the wholesaler, jobber, manufacturer or other party residing in the United States, from whom he purchases food articles, to the effect that the same is not adulterated or misbranded.

In a case wherein a dealer was cited for a hearing for selling food found to be adulterated, the dealer claimed protection under a written guaranty from a Maryland wholesaler who had shipped the food to him. The wholesaler, having then been cited, he in turn claimed protection under a guaranty from a Pennsylvania manufacturer who had sold him the food and who had shipped it to him in the exact condition in which he had guaranteed it and shipped it to the dealer.

The United States Attorney General was requested to state his opinion upon the question whether upon the state of facts above set forth, the Maryland wholesaler is amenable to prosecution for violation of the act or is protected by the guaranty from the Pennsylvania manufacturer.

The Attorney General answered that in his opinion the guaranty from the Pennsylvania manufacturer affords complete protection to the Marylander both as to the sale and shipment made to the retailer and the guaranty given by him in connection therewith.

The Attorney General is of the opinion that the maker of a false guaranty is just as much protected from any prosecution to which he might be liable on this account by establishing a former guaranty from the person from whom he purchased the article as he is thereby protected from prosecution for dealing with the article in a manner otherwise forbidden by the act; in other words, that the former guaranty is a complete protection against *any* prosecution under the act.

The Attorney General adds however, that, although no prosecution may be had under such a state of facts, there is nothing in the act which exempts the adulterated food from *confiscation.*

The protection against prosecution refers only to criminal prosecution, fines and other penalties to which the dealer would be otherwise personally amenable.

A discussion of other provisions of the Pure Food Act will be contained in future issues.

Department Store Malpractice.

The conviction of the Woodbury Institute referred to in the February issue, recalls to us the case of a patron of the Siegel-Cooper Company who suffered the consequences of a "bargain-sale dental operation."

The concern was sued for damages caused by mal-practice; and it attempted to defend by asserting that the "department of dentistry" where the unfortunate operation was performed, was not conducted by it, but by a licensed dentist to whom the space was rented. As an additional defense it was asserted that, the defendant being a corporation, it could not be and was not licensed to practice dentistry and hence could not be held liable for dental malpractice.

The New York Court of Appeals decided, however, that a corporation which is the proprietor of a department store and holds itself out as practicing dentistry in one of the departments *apparently* in charge of its agents, is estopped from denying its agency and its liability for their malpractice, although in fact *the apparent agents* may be carrying on the practice on their own account, where a patient who is ignorant of the fact is operated upon by them unskillfully, since he has a right to rely upon the presumption that they are skillful practitioners as well as on the fact that, whether skillful or not, if they are guilty of any mal-practice, he will have a responsible party to answer therefor in damages.

Sales by Unlicensed Pharmacists.

The New York Supreme Court has decided that under the laws of the State, a druggist who sold, through an employee who was not a licensed druggist, tincture of arnica, tincture of iodine and spirits of camphor, even though the same were not compounded at the counter, but labeled, sealed and placed on the counter for immediate sale and sold while the only licensed pharmacist in the establishment was in the laboratory "across the street," is guilty of a violation of the Statute which provides that "unlicensed employees or assistants shall not be allowed to prepare or dispense receipts or prescriptions or to sell or furnish medicines or poisons except in the presence of and under the personal supervision of a licensed pharmacist."

Terms Used in Bacterial Vaccine Therapy.

Treatment with bacterial vaccines is gaining in popularity. We are frequently receiving requests for explanations of the various terms, used in this new method of treatment, as they are not yet found in the dictionaries. The definitions found in Mulford's Working Bulletin No. 1 are so clear, concise and to the point, that we take the liberty of reprinting them here in their entirety:

1. What are bacterial vaccines, or bacterins?
   Bacterial vaccines, or bacterins, are killed bacteria suspended in normal solution.
2. What are their uses?
   They are used to produce a condition of active immunity to the living germ.
3. What are stock vaccines, or bacterins?
   Stock vaccines are sterilized, standardized suspensions of killed bacteria usually furnished in normal saline solution; they are taken from an infected individual and used in the treatment of similar affections occurring in other individuals.
4. What are "personal," or "autogenous" vaccines or bacterins?
   "Personal," or "autogenous," vaccines or bacterins are suspensions of killed bacteria obtained from infected individuals and intended to be injected into the individuals from whom the original cultures were obtained.
5. What is immunity?
   Immunity is resistance to disease.
6. How can immunity be classified?
   (*a*) Active. (*b*) Passive.
7. What is active immunity?
   One is said to have active immunity to a certain infection when the cells of his own body have been stimulated to the production of the resisting or protecting substances.
8. How is active immunity obtained?
   Active immunity to some diseases (typhoid, scarlet fever, measles) is obtained by recovery from the infection, or by the artificial stimulation of the body cells to produce the resisting or protective substances; for example, vaccination for small pox.
9. How is passive immunity obtained?
   Ususally by injecting into the individual immunizing substances which have been derived from another animal; for example, diphtheria antitoxin.
10. What are opsonins?
    Opsonins are substances present in the circulating blood and tissue juices. Their indentity is still under examination.
11. What is the action of opsonins?
    Opsonins combine with bacteria and render them suscep-

tible of being taken up and digested or destroyed by the leukocytes (phagocytes), hence the name opsonins (from the Greek *Opsono,* "I prepare for food.")

12. How may opsonins be increased?
The opsonins against any given infection may be increased by injecting subcutaneously small doses of the killed germs of the same species causing the infection.

13. What is the opsonic index and how determined?
The measure of the power of the blood-serum of an infected individual to prepare bacteria for ingestion by the phagocytes, compared with serum from healthy individuals, is termed the "Opsonic Index." The opsonic index of healthy blood is taken as 1. For example, 100 leukocytes ingest 500 staphylococci treated with healthy serum. Using the serum of a person suffering with pustular acne, 100 leukocytes may take up only 400 staphylococci; the opsonic index of this person would be (500:400::1:0.8) 0.8.
For the determination of the opsonic index, a measured quantity of a bacterial suspension is mixed thoroly with equal amounts of blood-serum (the opsonins being contained in the serum) and an emulsion of healthy leukocytes. The mixture is then incubated for several minutes to permit the opsonizing action of the serum on the bacteria and to allow the prepared organisms to be ingested by the leukocytes. Slides are then made from the mixture and after staining, the number of bacteria in 100 leukocytes is counted.

14. What is the so-called "negative" phase?
The "negative" phase is the period just following an injection of a bacterial vaccine in which the opsonic index falls, due to a decrease of the opsonins in the serum.

15. How is this characterized clinically?
If a proper dose of vaccine has been administered there are no clinical symptoms connected with the negative phase. If, however, the dose has been too large, a zone of hyperemia is noted around the local lesions, and the patient's general condition is worse.

16. What is the "positive" phase?
The "positive" phase is the period following an injection when there occurs an increase of opsonins in the serum. The opsonic index is above the normal and it is at this time that improvement in the symptoms is looked for.

17. Is there not always improvement in the condition when the opsonic index is high?
No. Unless the blood-serum with its higher opsonic content is able to "get at" the local infection, there can be no improvement.

18. Is it possible to maintain this condition?
By proper dosage of bacterial vaccines and careful spacing of intervals between a dose, it is stated that the "positive" phase may be maintained by repeated injections of a suitable vaccine.

19. When are bacterial vaccines contraindicated?
Bacterial vaccines are contraindicated in acute-diffused infections characterized by toxemia.

20. What is the relation of Tuberculin, T. R., and Bazillen-Emulsion treatment to vaccine therapy?
They are typical examples of vaccine therapy, inasmuch as they are made up of the germ substance of the tubercle bacilli, and produce an active immunity.

Coffee as an Anaphrodisiac.

Coffee is known to have an anaphrodisiac action. This has been known for a long time by the Orientals, and was confirmed by Louis XIV. by observations upon himself. The Princess Palatine wrote that coffee makes people chaste and was the drink, above all, indicated for Catholic priests. The frigidity of Frederic II. and Fontenelle was attributed to their abuse of coffee. Linne called the infusion of coffee "potus caponum," and Trousseau declared that there is no more potent anaphrodisiac known. Boussingault held the same opinion. Boucard cites the case of a young man of twenty years of age who for three or four years had been drinking coffee in large amounts and had atrophied testicles and was impotent. Guelliot reported several analogous cases. Certain cases of prostatitis were also attributed to the abuse of coffee.—Prof. A. Gouget, Paris.

The Effect of Coffee on the Skin.

Coffee affects the skin. It produces pruritus, especially of the anus and vulva. In other cases it gives rise to pruritus of the forearms, the thighs and the legs, or the chest. Coffee renders certain skin diseases itching when they are not ordinarily so, or, when they are itching from the start, it increases the pruritus. Sometimes it leads to a change in the form of the eruption, and produces acute exacerbations in chronic skin diseases. Perfetti reports in his thesis the following history: The women of one of the wards of the Broca Hospital clubbed together for the purpose of presenting a bouquet to the chief of the service, Mr. Brocq, in honor of his birthday. In return the latter offered them their choice of champagne or coffee. They voted for coffee which was then given to them, of very good quality. On the following day, of the twenty women with inflammatory diseases of the skin, five developed acute exacerbation.—Prof. Gouget.

Mr. Edward L-H-J. Bok.

Mr. Edward Bok, of female journalistic fame, is given another couple of pages in the *Journal A. M. A.* (March 21st, 1908) to exploit his own importance in a melange of tumid dithyrambics. Edward is undoubtedly an acute sufferer from cephalic elephantiasis. The difference between his cranial end and a bass drum is that his emanation is a high treble, impossible of differentiation from a squeak. He's a dinkey little boy, trying to play on the medical profession like a fiddle, but he lacks rosin, and so there is nothing doing. Eddie's forte is females—he's painfully piano in any other line—and he would do better to stick to his last, which curiously enough is his first.

The truth about Edward is that not long ago he let out a scream about the nostrum evil. This was some time after the medical profession had taken the matter up for regulation, but Edward's scream went straight to lovely woman's ears via the *Ladies' Home Journal,* and everybody who knows anything at all knows the quickest way to get anything talked about is to tell the ladies all about it first. After that, the deluge!

Well, that's what Eddie did, and his female megaphone journal readers got busy right away. Unhappily, some myopic medical journals—we might have been one of them; we don't remember now; but we are astigmatic ourselves—took notice and gave the screamer a boost and the glad hand and welcomed him as an ally in the propaganda against nostrumry.

Jackasses before now have succumbed to the disease known to veterinarians as bighead, a sort of cranial osteomalacia, and it has been observed that it is as fatal to the asinine as to the equine. Anyway, Edward couldn't stand the prosperity of his avalanche of free advertising. He has rapidly developed, *soi disant,* into the whole push, and we find him now graciously, but dramatically, vociferously, and withal ludicrously, a self-appointed leader, alternately counseling, berating and threatening the medical profession for permitting pharmaceutical houses to market their products.

Somebody ought to cork up Eddie's face so the gas couldn't escape, and tie a basket under him and take a balloon ride. If he only had a helmet and a casque and a pair of spurs he'd be a regular Joan of Arc of medical reform, wouldn't he? The only difference is that Joan was a real woman, while they do say that Eddie is just a perfect little lady. But we doubt that. Seriously, we do.

As a matter of fact, Edward should confine himself to the discussion of lingerie and lace curtains. From the nature of his business it is reasonable to suppose that he knows a whole lot more about pantalettes than he does about proprietary medicines. If he doesn't, then all we can say is that he knows precious little about pantalettes.—*Jour. S. Car. Med. Ass'n.*

A Rational View of Drug Therapeutics.

In any comprehensive consideration of the treatment of disease it cannot fail to appear that therapeusis is an art, not a science, and that the personal equation of the clinician is the principal factor in achieving success. The infinite variation of individuals with the constantly varying influence upon the human organism of heredity, environment and habits make it certain that the matter of absolute medication must forever be an unknown quality. Fortunately, drug treatment is only a part of the practice of medicine. Diagnosis, prognosis, prophylaxis, hygiene, dietetics and so on are all as prominent in the sum total of a physician's work as the administration of drugs,, and this does not carry any reflection on the latter, for it is a sorry physician who does not believe in the intelligent use of medicaments.

But what shall the modern physician use? That is for each one to decide according to each particular case viewed in the light of knowledge, observation, experience, and personal investigation along similar lines. If one man uses a decoction of herbs to his entire satisfaction, he is quite as much within his rights as he who prefers to write an elaborate prescription to be extemporaneously filled by his druggist.

The fact is, the whole question of the successful treatment of disease always resolves itself down to the pivotal interrogation, "what are the results?" and while in their student days, physicians must lay a foundation of therapeutic knowledge by studying classified therapeutic data, the usefulness of medical men in a practical sense always depends on their ability to amplify or modify what they acquire from study by what they learn from their own experience.—*American Medicine.*

The Literary Ghost in Medicine.

It is often surprising to find that most of the men who write exclusively for medical journals, or who produce many books, whose names constantly appear in the medical press, have also a large clinical service and many private patients, who undoubtedly must occupy their entire time. How do these men manage to write so profusely? Simply by paying for the services of a competent literary man to do the bulk of their work, and then adding a little from their own experience and store of knowledge. Those who read the medical journals and text-books of to-day without

being admitted behind the scenes would be astonished to find that in many cases their favorite authors scarcely put pen to paper to produce the voluminous treatises or the erudite articles which they publish under their names.

The proof of this is that there are to-day, in New York for example, a number of medical men who are making a good living as "literary ghosts" to some of the medical luminaries who often appear in print. In some cases the anonymity of these men remains inviolate for years, while in others common rumor has got hold of the names of the "understudies," and the writings of their literary "principals" are viewed, by those who know, in the light of this knowledge.

We know of a very popular text-book which was written by eleven hired men, whose names nowhere appear in its pages. Another recent book was written entirely by a certain professor's assistant, tho the former's name appears alone upon the title-page. The writer of this editorial has been offered a very considerable sum if he would contract to write, from material furnished a text-book in two or three volumes, which would take his entire time for two years. The name of the "author" alone was to appear upon the title page.

The "literary ghost" has an even more extended field of activity—in articles for the medical journals. A busy man wants to write such an article. He has neither the time, the literary ability, nor the command of language to write a journal article built upon the usual "erudite" lines. Such an article must, according to present-day fashion, display not only the author's personal experience and skill, demonstrate his sagacity in diagnosis or his acumen in therapeutics, but it must also represent him as having become acquainted, thru his reading, with the work of every one who has written on the same topic since the time of Hippocrates and Galen. The result is that the material furnished by the literary hack—the historical, statistical and bibliographic data gathered by the latter in the library—is incorporated with the reports of the original cases, etc., and a very presentable article is thus concocted. Often the "ghost" also furnishes the introduction and the conclusions—for a little extra charge, of course.

Some amusing effects of this method of manufacturing articles often appear: On one occasion a certain surgeon, living in a New England town, asked his correspondent, a "ghost" in New York, to "get up some literature" for him on a certain topic. This was done, the abstracts being arranged alphabetically by author's names and sent to the "customer," who promptly forwarded his check.

When the "article" appeared, to the surprise of the "ghost" it consisted of the material prepared by him, arranged exactly as he had sent it. There was not a word or syllable changed. The result was the greatest jumble of incongruous facts, cases, sta-

tistics, etc. The article was reprinted and reprints sent broadcast thru the country.

Another result is the often amusing difference one finds between the written addresses and the extemporaneous speeches of some medical authors. The former are couched in beautiful literary language, correct in form and style, logical in arrangement, faultless in composition. When the reader of the paper gets up to discuss his effort, however, one finds that he is unable to frame a decent English sentence. Needless to say his "address" was manufactured for him at "so much per thousand."—*Edit. La Tribune Médicale.*

Another Sure Cure Offered.

Physicians are receiving circulars of a California mining company offering them easy steps into quackery. On one of the mining claims is a mineral spring, "which furnishes a part of the specific for syphilis. It cures syphilis in from thirty to sixty days, and leaves the patient's stomach, kidneys and liver in perfect condition." Shares are now for sale at two and a half cents, and capital is wanted for development. The mineral spring specific announcement prepares one for the side proposition offered. The company has a remedy "for the complete cure of syphilis" and says: "You sell the remedy for $20.00 under positive guarantee to cure syphilis, you hold the money until the patient takes the treatment, and when they are cured you remit us one-half of the $20.00 and keep the other half." Here is a new bait. It is possible that there are in our profession men sufficiently lacking in common sense to bite.—*J. A. M. A.*

Doctor versus Quack.

Did it ever come to your mind that our long, great, valiant fight for medical registration, state boards of examination, four year courses, for medical organization and dignity, has ended in utter failure? We are just where we began twenty years ago. Then the Sick Citizen had a choice between quacks and regular practitioners and the law could not be invoked to protect the citizen from greed and ignorance. How is it now? The law now demands the legalization of osteopathists and eddyites and Albany (not heaven) only knows what other forms of Healers and healers. Progress is giving the former unlegal and despised quack a legal and professional status. Isn't that an atrociously funny result of the generation-long demand for professional exclusiveness and registration? But only sillies can fail to see that it is leading to the right of the citizen to choose his doctor, or his quack, or his murderer as he pleases. And nothing on earth or heaven can prevent this democracy.—George M. Gould.

And Dr. Gould is right. The quack is gaining more and more power, more and more prestige, and so many ignoramuses and charlatans are now acquiring the legal right to the title Doctor, that we real physicians will soon be ashamed of the title and will have to request our friends to address us as plain Mister.

Should the Hair be Cut in Acute Fever?

The question as to whether the whole hair should be cropped short during an acute illness, such as scarlet fever, is one that has been much debated, one modern authority, at least, regarding the practice as "absolutely unnecessary, barbarous, and without common sense to support it." On the other hand, many of the older dermatologists believed that the habit was not only justifiable but really beneficial, tending to promote hair growth. Short hair is more comfortable in bed, and it is both easier to keep clean and to disinfect afterwards, then when long tresses are worn. The prognosis in these cases is, happily, good. A useful remedy for local application is chloral hydrate in the strength of five grains to the ounce of lanolin. A little red oxide of mercury may also be incorporated with the ointment with advantage. The rubbing must be undertaken cautiously at first, and this is a pretty safe rule for all cases of alopecia, be they ever so stubborn, for one can never tell how a given scalp is going to react to stimulants when locally applied.—*The Hospital.*

Modern Pharmacy.

"A lady was in here just now," began the junior clerk, "who didn't want tooth powder, nor stationery, nor perfumery."

"No?" responded the boss.

"Nor chewing gum, nor candy, nor post cards."

"Well?"

"Nor toilet soap, nor magazines, nor wall paper."

"You don't say?"

"Nor false hair, nor needles, nor art goods."

"What did she want?"

"I don't know."

"You don't know?"

"I couldn't make out."

"Why couldn't you?"

"Well, she had a slip of paper, with something written on it in a foreign language which I never saw before."

"Say, that must have been a prescription," declared the boss druggist. "They bob up occasionally. I filled one once."—*National Druggist.*

Race Suicide.

Dear Doctor Robinson: I have at present a case that ought to make any conscientious person shudder to think of. A woman who is already the mother of six children, and who kept them from starving for eighteen months by washing for a living, while her hubsand was confined in one of our state insane asylums, is again five months along in pregnancy. The husband was pronounced cured and sent home to impregante his wife, who is still washing to keep the wolf from the door. Imagine this poor woman's sad and and troubled mind and then tell me what you think of "Race Suicide." How grateful would this mother feel if she had the assurance that this would be her last!

I have another patient, not yet 18 years old, the mother of a babe of eight months and now three months along in her second pregnancy. She has nearly all the symptoms of Bright's disease, with urine heavily laden with albumen. If this patient should live thru this case, any sane person knowing the gravity of the trouble, would not consider it safe for her to become pregnant, at least for some time to come. Her husband is a good honest hard working young man, but with no means at all. Fraternally yours, Frank Kerr, M. D., Neosho Rapids, Kansas.

Diet for Patients.

Editor CRITIC AND GUIDE:—On page 83 of the March issue of the CRITIC AND GUIDE I read your article, "Do We Not Often Starve Our Patients," and in reply to that article I will say, my rule is to give my patients whatever they want in the way of nourishment, only guarding them as to the quantity taken. I never give patients what they don't want. Milk is the diet with most physicians now. A very bad diet, to say the least. Should never be given in fevers unless the patient wants it. It seems to me the system speaks right out and asks for what it wants and that is just what it should have.

DR. W. L. KREIDER, Prairie City, Ill.

A Case for Diagnosis.

Editor CRITIC AND GUIDE:—We have a case that has puzzled us. Negro woman about 50 years of age; about 30 years ago had slight burn on right breast. That in due time healed, leaving, of

course, a scar. After 5 or 8 years it began to spread, looking like scars of a burn. For the last 25 years it grows. At this time it is like a roll of hard rough rope, about ¾ inches wide that is making its course around her body just below breasts; it hurts or stings only at each end. It is the thickness of finger above surface. Years ago her husband struck her on the left side of her neck just below the clavicle and wound was very small, but is spreading. Entire place looks like scar of severe burn. Any little scratch causes some peculiar scars.

What would you call it, and what treatment? Right breast rather hard. Doesn't give any special pain. The spreading and character of scar puzzles me. No discharge or exudation.

DR. D. F. MORRISON, Brooksville, Fla.

[This is undoubtedly a case of keloid. There is no specific treatment for keloids, but the best results are obtained by injections of thiosinamine. Make a ten per cent. solution in diluted alcohol and inject 15 min. every other day. A soap-plaster with 10 to 15 per cent. of thiosinamine applied to the keloid is also useful.]

Fifteen.

Dear Doctor: I enclose FIFTEEN (15) dollars for which please make me a Life subscriber to the C. & G. and send me Altruria, Therapeutic Medicine and The American Journal of Urology as far as the money will cover the cost. I believe you are "a man after my own heart," and cheerfully send you a life subscription to the CRITIC & GUIDE, feeling that it establishes some mild form of "comeraderie" to be reckoned among your permanent readers. A friend sitting by my desk picked up a C. & G., and after glancing thru it said: "This man thinks as you do on the regulation of conception question," and I had to tell him that you were responsible for most of my spoken words on the subject. I hope you will keep it up, till the postal laws are changed and the public educated as it should be. I feel sure that I have been the means of adding to your subscribers and am always very glad to urge my doctor friends to become regular readers of your writings. Yours very heartily, W. S. Fowler, M. D., Bakersfield, Cal.

Ten.

Dear Sirs: Enclosed please find TEN ($10.00) for a life subscription to the CRITIC & GUIDE. Sincerely yours, May M. Bostwick, No. 713, Grand Junction, Colo.

Dear Doctor: I enclose THREE dollars for 4 years' subscription to the CRITIC & GUIDE. It is one of the most valuable in my choice bunch of nine journals. I certainly appreciate the good things you give us. Fraternally, Charles W. Martin, M. D., Payson, Okla.

Dear Doctor: Am very much pleased with this month's (April) issue. Great little magazine. I enjoy reading every word of it. Yours respectfully, George E. Perkins, M. D., 416 Marlboro St., Boston, Mass.

CRITIC & GUIDE: Enclosed please find my renewal subscription. May the powers that be prosper your little truth-teller and may it be a shining example to the great army of subsidized papers which flood our country to the detriment of the spirit of "76"—true Americanism. Sincerely, Reeder Bros., 460 4th Av., N. Y. City.

Dear Doctor: Enclosed please find my check for $3.10 for 4 years of your CRITIC & GUIDE. Had forgotten all about the renewal, but my wife, who admires you very much for your plain and to-the-point articles, reminded me of it to-day. With best wishes, I am Sincerely yours, Chas. H. Ludewig, Matawan, N. J.

CRITIC & GUIDE:—Please enter my subscription for 4 years for which I enclose check for $3.00. Your journal is indeed very interesting and instructive. I admire your courage on many points. Yours very truly, Dr. Robt. St. Jacques, Whitinsville, Mass.

Gentlemen: Enclosed find cheque for FOUR dollars for a year's subscription to your 3 journals. The CRITIC & GUIDE is appreciated out here because of its policy of calling people and things by their right names. Yours truly, Ned. O. Lewis, M. D., 102-5 Essex Bldg., Kansas City, Mo.

Editor CRITIC & GUIDE: I consider the CRITIC & GUIDE the most valuable journal I receive. Enclosed please find check for FOUR dollars for four years. Respectfully, George A. Grünbok, 2337 Bedford Av., B'klyn, N. Y.

Dear Doctor: Paul says: "To him that knoweth to do good and doeth it not, to him it is sin," and I say to the Medical Profession: "To know the CRITIC & GUIDE, and not become a subscriber, to those Doctors it is sin, because of the many splendid truths they are missing." Respectfully, J. A. Smith, M. D., Durham, N. C.

Dear Doctor: The CRITIC & GUIDE has failed to reach me this month. Maybe on account of not sending the cart wheel in January, but so that I may not be in this same condition another time, I enclose THREE dollars for four years (also check for Amer. Jour. of Urology). While I may not always agree with you, there is meat enough in the C. & G., and enough that I can agree with, and, in addition, enough to make one sit up and take notice, to make me miss it greatly. Here's to help you keep it up. Yours fraternally, W. E. Ritter, M. D., Avoca, W. Va.

Maybe She's Right.

Archbishop Ryan, on visiting a small parish in a mining district, asked a nervous little girl what matrimony was, and she answered that it was a state of terrible torment, which those who entered it are compelled to undergo for a time to prepare them for a better and brighter world. "No, no," remonstrated the pastor; "that isn't matrimony, that is purgatory." "Let her alone," said the arch-bishop, "maybe she's right. What do you and I know about it?"

An Orphan Defined.—The word "orphan" occurred in the Sunday-school lesson. Miss Ida V. Stamps asked if any of the little boys in the class knew what an orphan was. There was no response. Thinking to help the little fellows to search out the right answer, Miss Stamps, the teacher, said,—

"Why children, I'm an orphan; now, can't you tell me what an orphan is?"

Up went the hand of a little boy.

"All right, Johnnie," said the teacher, "that's a good boy. You tell us what an orphan is."

"An orphan," replied the little fellow, without the slightest hint of a smile and with deep earnestness, "an orphan is a young lady what wants to get married and can't."

What Jane Suffered.—A boy was asked to recite a piece in school at the annual examination. The program was of recitations by the right children, and among them this particular boy was called on. He recited in good faith the following lines, which he had learned and put together from an indulgent nurse with a semi-poetical instinct:

Jane ate cake,
Jane ate jelly,
Jane went to bed
With a pain in her ——
Now, don't get excited,
Do not be misled,
For what Jane suffered
Was a pain in her head.

When the youngster told his parents they asked him what the teacher said? He replied: She said nothing. She turned around and looked out of the window, but the scholars and visitors wanted it repeated.

We should sternly frown upon imitations and mere duplicates of other products. There is only one excuse for an imitation, and that is when the imitation is superior to the original. Bear this in mind.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

Do Physicians Prescribe Nostrums, or Bok's Threat to Annihilate the Medical Profession.

I do not belong to those cheap so-called patriots who believe in "my country, right or wrong." If my country, without any right or reason, without any justification, made war on another country, I would want my country to be licked. If my boy, meanly, unjustly attacked another boy, I would want my boy to get a walloping which he would remember for a long time to come—no matter how much moral pain I might suffer from the walloping. If my dearest friend unjustly brought suit against another, I would want my dearest friend to lose the case.

And tho editing a journal for the professions of medicine and pharmacy, I am not an apologizer for the shortcomings of either. I do not gloss over the faults existing in the professions and my readers will admit that I have not failed to hit the doctor or the druggist, whenever I thought either deserved it.

But on the other hand, I cannot permit liars and ignoramuses to vilify and traduce our profession without taking up the cudgels in defence.

Mr. Edward Bok, Editor of the Ladies Lingerie Journal, has again come out with an attack on the physician, this time in the J. A. M. A. He denies that he attacked the doctor, but this very denial contains several ignorant and malicious statements and several veiled threats to annihilate the medical profession.

Mr. Bok shows in his article much more ignorance than I would ever have given him credit for. It is really pitiful to think

that a man of such homeopathic knowledge and such vague hazy ideas has the power to influence thousands and thousands of people—even if those people do belong to the weaker sex. To go thru Mr. Bok's entire article and show its fallacies and misstatements would be a waste of time and space. We will only take a few examples. Here is a sample of Mr. Bok's deep logic: "We go to him [the physician] for *his* advice, for *his* prescription, but not for one originated by a Wampole, a Parke Davis, a Fairchild, a Mulford, a Wyeth or any other commercial firm."—In all seriousness, is Bok crazy? Whom would he want should manufacture our drugs, pharmaceuticals, serums, etc.? Shoemakers? Or does he think all these things grow in the backrooms of the retail drugstores? And if a physician writes *his* prescription for essence of pepsin, adrenalin, diphtheria antitoxin or tuberculin, how would the druggist obtain them if there were not "a Fairchild, a Parke Davis, a Mulford?" Is Mr. Bok so devoid of common sense that he does not know, that without our great chemical and pharmaceutical houses some of the most important additions to medicinal therapeutics would not have been made, many life-saving agents would not have been discovered or elaborated, in short that our treatment would have been as crude and unsatisfactory as it was a hundred years ago?

But let us come to the crux of the article. Mr. Bok makes the accusation that virtually all the profession half the time or half of the profession all the time prescribe for their patients preparations, of the composition of which they are totally ignorant; in other words they give their patients things of the nature of which they have no knowledge. And he threateningly says that the public is not going to stand much longer for this kind of prescribing and will soon flop over to osteopathy, Christian Science, or some other crazy cult. He says: "In 1905 in Philadelphia, on a basis of 5,000 prescriptions examined, I found 41 per cent. that called for remedies of unknown composition, and in 1906 it was 47 per cent. My figures for 1907 are not as yet complete. But I do know that as late as August 1907, 500 prescriptions were examined in Baltimore, and 32 per cent. called for proprietaries." Can you see the muddle in Mr. Bok's brain? In the first sentence he speaks of "remedies of *unknown* composition"; in the last sentence he speaks of "proprietaries," just as if these terms were synonymous or interchangeable. Now, I want to say one thing, and say it with all the emphasis of which I am capable: Anybody who makes the charge that a large or considerable portion of the medical profession is in the habit of prescribing preparations of *unknown* composition is either a pitiable ignoramus or a deliberate liar. And it makes no difference who makes the charge, a druggist, a doctor, or a layman.

There may be some physicians even now-a-days who prescribe remedies of the composition of which they are ignorant,

but if so, their number is very, very small—surely not to exceed two or three per cent. Is that sufficient ground for the charge that the profession as a whole prescribes nostrums? There will surely be found five or even ten physicians to the hundred whose chief occupation is the bringing on of abortions. Would it be right to speak of the entire profession as abortionists?

We do not speak theoretically: we speak from facts. Only a few days ago we analyzed, for the purpose of this editorial, nearly eight hundred prescriptions in three drugstores; the percentage of real nostrums did not amount even to one half of one per cent. In one store, among 250 prescriptions there was only one for a preparation of unknown composition — (Micaja's Uterine Wafers). It is possible that in the backwoods in the wooly west or sunny south the proportion is larger; but Mr. Bok was examining the prescriptions in Philadelphia and Baltimore. The only explanation possible is that some druggist was taking advantage of the unsophisticated and utterly-ignorant-in-these-matters-Bok and was branding as a nostrum every preparation of proprietary origin. Of course if syrup of hydriodic acid (Gardner), adrenalin, iodipin, cypridol, colchi-sal, digalen, thiocol, urotropin, collargol, aspirin, pepto-mangan, peptenzyme, liquid peptonoids, veronal, glyco-heroin, antiphlogistine, calcalith, antidiphtheritic serum (Mulford), chinosol, mercauro, essence of pepsin (Fairchild), etc., etc., are nostrums, then Mr. Bok will find not only thirty, forty, and fifty, but may in some stores find as much as sixty and seventy per cent. The discriminating physician, he who really *knows,* is careful to specify the brand, even in such pharmacopeial articles as fluid extract of cascara, fluid extract of ergot, ether, chloroform, chloral, strontium bromide, etc. And once the brand is specified, they also become, strictly speaking, proprietary articles. Are they, on this account, nostrums?

Now, brother Bok, before threatening the medical profession with annihilation, before flopping over to Christian Science, before frightening us out of our wits by intimating that you may deliver your entire female constituency to osteopathy, you should make sure that you know what you are talking about. You should obtain your information from unbiased sources. The Editor of the CRITIC & GUIDE would have been glad to help you—gratis.

I assure you that your present information as to nostrum prescribing by physicians is incorrect. It is on a par—in correctness—with the formula you printed of a certain aureous medical discovery, for which little error you had to pay $16,000.00 in cash, not counting court expenses and lawyers' fees which we understand were quite heavy. Of course morally you were not to blame: you were misinformed. And so you have been this time. Too bad you should be so unfortunate in your sources of information.

The Definition of a Nostrum

A nostrum is a medicinal preparation the composition of which is *unknown,* is kept *secret.* That's all. Nothing more, nor less. The attempt which is being made by some zealots to give the word a different meaning, to apply it to an entirely different class of preparations is unfair; it is dishonest. It is an attempt to throw confusion into the discussion, to befog the issues, to cloud the physician's mind. Neither the name blown in the bottle, nor the circular around it makes a nostrum of a preparation, the qualitative and quantitative composition of which is well-known and is strictly true to the claims on the label or in the manufacturer's literature. We as physicians (never the public!) may from altruistic or selfish reasons object to such identification marks—tho in some cases they are the only safeguard against substitution—but, we repeat, they do *not* render a non-secret preparation secret, they do *not* render a perfectly legitimate open preparation a nostrum.

No fruitful discussion of the nostrum and legitimate proprietary question is possible, until an agreement has been reached as to the limitations of the meaning of the word nostrum. And the correct meaning has been given in the opening sentence of this editorialette.

Are Official Remedies All-Sufficient in Our Practice?

A friendly druggist asked me to answer categorically in the CRITIC AND GUIDE if it was not really true that a physician could get along perfectly well in his practice with the official drugs without using a single proprietary remedy.

In answer to this, my dear friend, I will say that there are *very, very* many physicians who claim they can get along perfectly well in their practice with twenty drugs; some claim that ten are sufficient for all practical purposes and only a day or two ago I read a letter in a medical monthly in which the correspondent claims that four drugs are sufficient—opium, calomel, potassium iodide and—I forget what the fourth one was. While the physio-therapists, physio-medics and the numerous other sects of drugless healers do not use any drugs at all and claim as good results in their practice as we have. So you see that is not the point. The point is to be *free* to use any remedies—few or many —from whatever source, which we consider might be of benefit to our patients. I use U. S. P. preparations freely, but I use with equal freedom non-official and proprietary preparations, whenever I consider them indicated; and if you will promise me to keep it a deep secret, I will whisper in your ear, that I do not care a rupee whether they have been approved by the Council or not. No Council of pharmacists and chemists can tell me what to use and what not to use in my practice. In this respect I am the supreme authority. Mine is the responsibility and mine the judgment.

In connection with this subject, the following letter which appeared in The Journal of the American Medical Association will be elucidating:

To the Editor: You may perhaps be aware of the fact that the undersigned had something to do with the present warfare against nostrums. But wholesale, indiscriminate denunciation I condemned from the very beginning, and especially have I no sympathy with those who, out of *sheer ignorance,* try to make a bible, a fetish out of our Pharmacopeia and want to make it an unpardonable sin to prescribe or use anything extrapharmacopeial. How absurd this tendency is will be seen from a little illustration in a day's practice of my own. I trust it will be admitted that the writer knows as much about drugs as the average physician, and knows fairly well what is best for his patient. Well, on looking over to-day's work, I find that I washed out a man's bladder with oxycyanide of mercury; I administered two injections of salicylate of mercury; I prescribed pills of tannate of mercury; I used and prescribed injections of protargol and argyrol; I used eucaine as a local anesthetic; and I used several times a proprietary lubricant for the urethral sounds. Here I have used seven different substances, *not one of which is official* in the Pharmacopeia. Of the seven products, the first three are nonproprietary, and the four others proprietary. Would anybody have the hardihood to tell me that I should not have used these drugs, or that my patients could have got along with other drugs official in the Pharmacopeia and *just as good?* No, in the name of common sense, let us not become hysterical. The Pharmacopeia is a good book, it is a book of standards, but in the very nature of things it cannot be a perfect book. It is generally ten years behind the times, and when it does appear, it is hedged about with so many restrictions about the admissibility of some of the most valuable of our preparations that the Pharmacopeia can only be an authority as to the preparations which are in it, but it can be no guide as to the usefulness or worthlessness of the preparations which are not found in its pages. WILLIAM J. ROBINSON.

It took us centuries of bitter struggle and fearful martyrdom to tear off the clutches of bureaucracy from our throats. It is too late in the day to establish a medical hierarchy to order us what to use and what not to use in our practice. A domineering we-know-it-all attitude is *least* of all in place in therapeutics.

Advertising Antiseptics to the Laity

We can see no valid objection to advertising antiseptics for external use to the laity, either by circulars or thru the newspapers. Recognizing as we do (the better part of us) that prophylaxis, prevention of disease, is one of the physician's most important functions—we believe that in the future prophylaxis will be considered a more important function even than the treat-

ment of disease—we should be glad to have the people acquire an intelligent acquaintance with the nature of antisepsis, the character of various antiseptics, their uses, etc. It is our opinion that the physician who objects to advertising antiseptics to the laity is just a little narrow-minded, and not entirely altruistic.

The Proteid Iron Preparations of the National Formulary, or the N. F. Propaganda, With Some Queries and Conclusions.

INTRODUCTION.

This is a very important editorial. It is the most important editorial that I have written in several months. It deals with fundamental principles. It is going to present certain questions. And unless these questions are answered satisfactorily, our leaders in pharmacy, aided and abetted by some temporarily misguided physicians, will stand convicted before the world as engaged in a nasty business, injurious alike to pharmacy and medicine and criminally wrong as far as our patients are concerned.

I am entirely willing to be judged by this editorial as to my knowledge of the situation and as to my ability to reason fairly, logically and unanswerably. I am either right or wrong. If I am shown to be wrong, then I am unworthy to be a leader in medicine or in medico-pharmaceutical journalism, and the professors of pharmacy and therapeutics and the pharmacists in general who are paid subscribers to the CRITIC & GUIDE should show their displeasure by discontinuing their subscriptions. If, however, I am right, absolutely right, then this editorial should and will mark an epoch in American pharmacy and medicine (or rather medicinal therapeutics).

I have an unshakable belief in the invincible power of truth. It may be temporarily overshadowed by falsehood, you may succeed in filling the people's eyes with dust for a time, but after all the immortal saying of the immortal Lincoln about fooling the people remains an eternal verity.

* * *

When we have the temerity to state that some of the pharmacopeial and most of the National Formulary preparations intended as *substitutes* for well-known standard remedies are not "just as good" as the originals, that in fact some of these imitations are nasty, ill-tasting and ill-smelling concoctions (and that it is therefore wicked to mislead the physician and the pharmacist—the former to prescribe and the latter to dispense these substitutes), we are accused by some narrow-minded druggists, and some misguided or ignorant doctors, of bias. To assure our accusers that we are as free from bias as any living human can be and, that our only misfortune is, that we have a penchant for telling the truth, regardless of consequences, would be a waste of time. Let us therefore see what pharmacists them-

selves—and real pharmacists with laboratory facilities—have to say about some of the National Formulary preparations.

Prof. W. H. Harrison, of the Northwestern University School of Pharmacy, Chicago, read a paper before the Chicago Branch of the American Pharmaceutical Association entitled "Notes on Proteid Iron Solutions." The paper appears in The American Journal of Pharmacy for April, and we advise every honest physician and pharmacist to read it there in its entirety. An abstract of it also appears in the A. Ph. A. Bulletin for May. Dr. Harrison considers the three proteid iron preparations of the National Formulary: Liquor Ferri Peptonati, Liquor Ferri Peptonati cum Mangano, and Liquor Ferri Albuminati. Of the first Dr. Harrison has the following to say:

LIQUOR FERRI PEPTONATI.

"The present National Formulary formula yields a product which is a thick red-brown liquid, with a very *disagreeable gluey** odor. It is clear in neither reflected nor transmitted light, and of such a colloidal nature as to render filtration impossible even under greatly increased pressure. The taste is at first pleasant, followed by a strongly *alkaline* and *ferruginous* after-taste, which persists."

He then proceeds to show the reasons why a good preparation is impossible. The chief trouble lies in the peptone, of which it is impossible to obtain in the open market satisfactory or uniform specimens. Whether obtained from meat or fish albumen they "are prone to *rapid putrefaction* and yield iron combinations of most *offensive* odors."

Of Liquor Ferri Peptonati cum Mangano, which is openly and frankly intended as a substitute for Pepto-Mangan Gude, and on which substitute an immense amount of time and labor has been expended, the author has the following to say:

LIQUOR FERRI PEPTONATI CUM MANGANO.

"When made according to the present formula, with the materials obtainable on the market, the National Formulary preparation may be described thus:

"A dark brown *sluggish* liquid, with a most *offensive* odor, not unlike a mixture of *ammonia* and *putrefied beef extract.* Taste *alkaline, saline* and *nauseating.* It deposits after a time a *dirty white sediment,* which soon covers the bottom of the vessel.

"The finished product contains about .15 per cent. iron, .145 per cent. or less manganese, and .234 per cent. ammonium hydroxide, the latter serving the *sole purpose* of developing more *offensive* odors.

"I have prepared four samples, in each case using different samples of peptonized iron, the finished products being almost identical.

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*Italics ours thruout.

"The trouble with this preparation lies principally with the peptonized iron, and ammonium hydroxide, altho there is room for improvement elsewhere.

"Of six samples of peptonized iron examined, the products of the principal manufacturers of pharmaceutical chemicals, *all* showed that *putrefaction* was in progress.* Of seven examined for iron content, only one showed over 5 per cent. Fe O (3.5 per cent. Fe), and this one sample has not yet been on the market under the name of peptonized iron or iron peptonate.

"At the time this work was started, but two samples of iron peptonate and none of the soluble manganese citrate were obtainable on the Chicago market.

"After some time I succeeded in collecting some direct from the manufacturers, seven samples of peptonized iron and two of soluble manganese citrate.

"These two samples of soluble manganese citrate, altho bearing the same title, are *entirely different substances.*

"(1) A light red-brown powder with a strong odor of acetamide and ammonia. It is a manganese-ammonium citrate containing about 18 per cent. manganese. Incompletely soluble in water, but solution is rendered clear by standing for some time with a slight excess of ammonia.

"(2) Pearl-colored scales (evidently made after the formula of F. B. Power, Proceedings A. Ph. A., 1902, 937). Contains 13.5 per cent. manganese. It is a manganese sodium citrate, freely water-soluble.

"In view of the above facts, it seems that a satisfactory preparation according to the present N. F. formula is ***impossible,*** altho with a good sample of peptonized iron it could yield a *passable* one."

Now, gentlemen of the medical and pharmaceutical professions, please read the above carefully, very carefully. Here we have a preparation of great, thoroly established, therapeutic value. That it is of great, thoroly established, therapeutic value is seen from the fact that it is prescribed by physicians universally thruout the country. That it is prescribed universally is seen from the fact that every manufacturer, big or little, and every

*Dr. Harrison is not alone in his opinion. All pharmacists who investigated the matter think the same. Mr. M. I. Wilbert, one of our foremost pharmacists, and a member of the Council of Pharmacy and Chemistry of the American Medican Association, says: "This formula [*for Liquor Ferri Peptonati cum mangano*] directs that commercial ferric peptonate be used. This substance *at best* is *variable,* is *unstable,* and, as *usually* met with, is *decomposed* and *unfit* for use. Commercial manganese peptonate, suggested in the alternative formula, is even more unsatisfactory than the ferric peptonate." (Amer. Jour. of Pharmacy, May, 1907, p. 211.)

would-be pharmaceutical chemist is racking his brains and spending his time and labor in his endeavor to prepare a successful substitute for Dr. Gude's pepto-mangan. And what is the result? What have we got? After hundreds and hundreds of attempts, after many years of labor, the leaders of pharmacy give us in the *third* edition of their book as a substitute for a well-known ferruginous tonic a formula, which yields in the hands of the *best* pharmacists a preparation of "a most *offensive* odor, *not unlike a mixture of ammonia and putrefied beef extract.* Taste *alkaline, saline,* and *nauseating,* and depositing after a time a *dirty white sediment!*"

Is this the aim of real professional pharmacy?

And I appeal to you all to answer this question: If you had a boy or girl, wife or mother who was very anemic and was in need of a mild, assimilable, non-irritating ferruginous tonic, would you give the original pleasant-to-eye, smell and taste—and stable pepto-mangan, or would you give the National Formulary Liquor Ferri Peptonati cum Mangano, which is physically, pharmaceutically and therapeutically *rotten* (there is no other term possible), which according to the testimony of pharmacists themselves has a *most* offensive odor, alkaline, saline and nauseating taste and becomes very quickly decomposed? Would you run the risk of ruining their stomach and making them still sicker, because the imitation product may perhaps cost ten cents cheaper? And if you would not, if in your own family you would use the genuine product, why should you treat the outside public so badly?

Dr. Harrison claims that after numerous trials he has succeeded in preparing a satisfactory solution of iron peptonate with manganese. He gives an exceedingly elaborate formula and process. Assuming this to be the case, does any one believe that one druggist in a thousand would go to all these pains to select materials of the highest quality? And does any one believe that one druggist in a thousand would succeed in making a satisfactory preparation by following Dr. Harrison's elaborate directions which it took him months to perfect? And what is it all for? And this leads us to the important question:

WHAT IS IT ALL FOR?

Who inoculated us with this crazy substitution-mania? What obsession has taken possession of us, that no sooner has a preparation become popular, no sooner has a real demand been created for it, than pharmaceutical professors and sub-professors, their assistants and sub-assistants, our manufacturers and their employés anxious for a raise, and, what is worse, our National Formula makers, begin to spend time, labor and material, in order to prepare a more or less satisfactory (?) *substitute!* As a result of this we get a hundred different imitations, all varying in color, odor, taste, chemical composition and therapeutic action, and many of them positively rank, irritating and injurious. And

this is called the elevation of pharmacy and therapeutics! It is not thus in Europe. We do not hear of the English, German, French or Italian professors and pharmacopeia makers spending their time and labor in the attempted manufacture of imitations of well-known products. They spend their time and labor in *original research and investigation!*

The imitations, we said, all differ widely in character and not one of them is as good as the original. The reasons are easy to understand. The manufacturer of one or only a few specialties devotes his entire time, energy and capital to those specialties. He makes numerous experiments; he uses materials of the highest obtainable quality; he invents or instals special machinery, if necessary. All these things are entirely out of the question with the retail druggist, and even with the big general pnarmaceutical manufacturer; for making several hundred to several thousand different preparations, it is impossible for him —*it does not pay him*—to devote too much time, labor and expense to an imitation of somebody else's specialty—especially as he has no reputation to gain or lose on it. Yes, the reasons are perfectly plain, why the imitations are never as good as the really worthy original additions to our therapeutic armamentarium. But while I knew a priori that this was so, I wanted to convince myself by concrete examples, by incontrovertible facts. I secured samples of practically *every* preparation which our noble pharmaceutical leaders have introduced into our Pharmacopeia and National Formulary as substitutes for well-known proprietary products. I secured samples of the "official imitations" of arsenauro, antiphlogistine, aristol, lysol, pepto-mangan, Gray's glycerine tonic, Gardner's hydriodic acid, Fairchild's essence of pepsin, Carlsbad salts, glyco-thymoline, listerine, even of such a simple thing as resinol, and *not in one instance* was the imitation equal to the original in purity, taste, homogeneousness, stability, etc. Some of the preparations were absolutely rank, disgusting, and I could but feel contempt, mixed with indignation, against certain high moguls of pharmacy, who mislead the poor retail druggist and the unsophisticated physician into the belief, that their careless, imperfect, theoretical, extemporaneous formulae will yield products "just as good" as the standard products, which are the result, perhaps, of many years of chemical or pharmaceutical research and which are prepared in specially adapted laboratories with the utmost care.

We will now pursue another line of thought. Let us assume for a moment that after the expenditure of a lot of time and labor somebody has succeeded in preparing an imitation of some well established proprietary, which is *absolutely* "just as good"—absolutely the same—pharmaceutically, chemically and therapeutically. Let us assume it. What has been accomplished? What has been added to pharmacy and chemistry? Nothing! Not an iota. Merely a product that has already been in ex-

istence and in use, has been duplicated by somebody else. But here somebody will be sure to interject: Why, the product has been cheapened. A product that can be manufactured by everybody is generally cheaper than a monopoly product. But to whom is the product cheaper? To the public? Any such assertion would be emphatically untrue. Just prescribe 12 ozs. or a pint of the imitations, let us say, of Liq. ferri peptonati cum mangano or Elix. gentian. glycerinat. and see how much a druggist will charge. As a matter of fact I have been told and know personally of instances where my good friends, the druggists, make it a rule to charge *more* for the N. F. preparations than for the original products. Incredible? Just try it yourself. Do you want additional testimony from an unimpeachable source? Take The American Journal of Pharmacy for May 1907, and open it to page 236. On that page you will read the following:

"Professor Remington, in the course of his remarks, strongly deprecated the reported tendency of pharmacists to *charge more* for U. S. and N. F. preparations than for corresponding proprietary preparations, and expressed the belief that practices of this kind would surely do much to discredit the propaganda and do an infinite amount of harm."

It is thus *seen*—and seen in a manner which cannot be gainsaid—that the public is not at all benefited by this U. S. P.—N. F. propaganda. Who then is benefited? The druggist? Yes, that I admit. The druggist is to a certain extent benefited by this propaganda. And nobody begrudges it to him. Eking out as he does a very poor living after working longer hours than any other tradesman or professional man, nobody, I am sure, will grudge the druggist a few extra cents profit (*provided* the imitation products are really in every respect as good as the original ones). But this being so, that is the manufacture of imitation products *not* tending to the elevation of pharmacy and chemistry and *not* being of the slightest benefit to the public, let us say so! Let us have a clear understanding as to what all this propaganda is about. Let us stop talking about the elevation of professional pharmacy, let us stop throwing dust into the eyes of the unsophisticated physician, and let us acknowledge openly and honestly that the entire N. F. propaganda is a movement instituted for the purpose of affording the druggist a larger profit on physicians' prescriptions and—if it must be said—of making substitution respectable, of giving it, so to say, an official status. Is this putting it too strong? But it is the truth, and the language of truth, said the Romans, is simple; simple, plain and direct.

A WARNING.

And here I wish to utter a word of friendly warning to the pharmacists of this country, which warning I trust will be heeded by the readers of the CRITIC & GUIDE. Suppose the N. F. propaganda is successful and the doctors begin to prescribe N. F.

preparations instead of standard long-established products. Then the druggist must be *sure*—and this is my warning—that the preparations he dispenses are really of high merit physically (taste, odor, etc.), pharmaceutically and therapeutically. Otherwise, he will only hurt himself, the thing will act as a boomerang; the doctor's confidence in the retail druggist's ability will be shaken still further, and he will be still further strengthened in his belief that the safest thing is to prescribe brand preparations of known composition—or he will be driven into self-dispensing. Here are two actual experiences—two out of many that I could relate. A physician was in the habit of prescribing large quantities of Hayden's Viburnum Comp. The druggist to whom most of the prescriptions used to go thought it wise to do some missionary work with the doctor, showed him circulars about nostrums, etc., and urged him to prescribe the N. F. substitute for H. V. C., which he claimed was superior. The doctor finally, half persuaded, wrote a prescription for Viburnum compound N. F. The druggist prepared it extemporaneously and dispensed it. The woman complained to the doctor that the medicine did not taste like the other times, made her sick at the stomach and didn't do her any good. The doctor, as he told me, then sent the N. F. to ——, continued to prescribe as formerly and the missionary druggist is now getting fewer prescriptions from him than formerly. The second case is one in which a druggist dispensed a muddy ill-smelling, strongly alkaline mixture instead of pepto-mangan which the doctor had prescribed, and as a result lost almost his entire prescription trade; for the doctor was one of those who looked at the substitution business very seriously and took pains to tell the members of his medical society that the druggist O. was a substitutor.

Yes, make sure, when you do create a demand for U. S. P. and N. F. preparations, that you are able to supply the demand. For it is a well-known fact that *not* 5 per cent. of the druggists in the country are capable of preparing even the half-way complex preparations of the U. S. P. and N. F. (such as the organic iron preparations, effervescent salts, etc.).

We are not alone in our opinion that the N. F. propaganda is not the best thing in the world. Some prominent *pharmacists* think the same way. Take *The American Journal of Pharmacy* (June, 1907). On page 296 you will find a report of a paper entitled "Practical Results with N. F. Preparations" read before the Philadelphia College of Pharmacy. In discussing that paper, a prominent pharmacist, Mr. D. J. Thomas, "was inclined to question the advisability of pursuing this line of work at the present time, thinking that *the rank and file of pharmacists were not prepared to meet the demand* for U. S. P. and N. F. preparations. He recounted some experiences that had come to his attention that appeared to indicate that pharmacists in his locality, like pharmacists in other sections, had been remiss in their duty

to themselves and their customers, and had not kept themselves posted on the progress of pharmacy along the more practical lines. He also called attention to several formulas that *when followed exactly did not give satisfactory preparations.* Among these he enumerated the glycerinated elixir of gentian and the cataplasm of kaolin."

This editorial could be drawn out so as to occupy an entire issue—for numerous facts and illustrations could be offered as proofs in support of our position—but we believe we have said enough to show the tenability, the validity of our reasons, the impregnability of our position, to any fairminded person, to any person who really wants to know the truth.

And now for a brief resumé of the conclusions based upon the facts and arguments presented in our editorial. The conclusions are as follows:

1. The products introduced into the Pharmacopeia and National Formulary as substitutes for other well-established products are inferior, in practically every instance, to the originals, while some of the formulas yield nasty, irritating, nauseating and therefore therapeutically worthless products.

2. To urge the physician to prescribe these imitations *in lieu* of the original products, is therefore dishonest. The physician *is not in any way* benefited, while the patient is distinctly injured.

3. This so-called National Formulary Propaganda has nothing to do with ethics. Instead of elevating, it tends, as we have shown, to degrade both pharmacy and medicine. It is purely a money-making proposition.

4. The public is not in any way benefited by this propaganda, for the patient has to pay just as much (and often more), for the *inferior* substitute as for the *superior* original.

5. The deduction which logically and inevitably follows from the above conclusions is this: If you know the composition of a product and that product has given you satisfactory results in your practice, stick to that product; prescribe it and see that you get it; and do not allow yourself by specious reasoning and false claims to be persuaded to use an imitation or a substitute, *be that imitation or substitute official or non-official.*

Dixi.

The National Formulary

And now we must say a word of this book of Unofficial Preparations. The original purpose of the National Formulary was a very laudable one. There were numerous non-official and non-proprietary preparations, such as Stokes' liniment Hope's mixture, Channing's solution, Clemens' solution, Burrow's solution, Sun cholera mixture, Lafayette mixture, Churchill's tincture, Fordyce Barker's pills, etc., etc., for which it was very difficult to obtain authoritative formulae. Each druggist had a different

formula jotted down in his note book, and the result was that these preparations were made up in almost as many different ways as there were druggists. The preparations looked different and acted differently when obtained from different druggists and the patients would kick and so would the doctors. This was an unbearable nuisance and it was decided to collect as far as possible the authoritative formulae, to construct rational ones, so as to have uniform standards thruout the country. That it was not the purpose of the compilers of the N. F. to make it a guide for substitutors can be readily seen by reading the prefaces to the first and second editions. In the preface to the first edition (N. F. ed. III, p. vii) we read: "While it was at no time contemplated by the Committee as a whole—tho, perhaps, by some individual members—to devise imitations of any of the popular nostrums of the present day, yet it was very difficult to decide exactly where to draw the line. Consequently it will be found to include a small number of formulas which may recall some of the before mentioned preparations, but which are constructed on rational principles, *irrespective of mere external appearance and taste,* and mainly with regard to uniform composition and reliable effect." In other words, the few substitution products that the compilers introduced were meant to stand on their own bottom; they were meant to appeal to physicians on the score of therapeutic effect. They were not offered brazenly as "just as good" substitutes for other products, and the compilers (Charles Rice was alive yet!) did not humiliate pharmacy and degrade themselves by ordering that liquor alkalinus antisepticus be colored with tinctura persionis to make it *look* like glyco-thymoline!

In the preface to the *second* edition we read (ibidem p. xiii): "The demand for additional formulas has been carefully considered by the Committee. This demand, unfortunately, was in most cases for working formulas for preparations that have come into current use under fanciful trade-names, and for which no formulas, other than obscure indications of composition on the labels, are known to pharmacy. *The Committee did not consider it within the scope of their duties to devise and construct formulas for such preparations.*" . . . . It is thus seen that the compilers of neither the first nor second edition considered it necessary to make of the N. F. a collection of imitation formulas. It is only the compilers of the present, the third edition, of whom Mr. Hallberg was the ruling spirit, who considered it necessary to make the N. F. a library of substitution formulas. We have no doubt that very, very radical changes will be made in the fourth edition. As it is, the third edition is full of formulas which are faulty and imperfect (the faults and imperfections are commented upon at almost every pharmaceutical meeting by the pharmacists themselves) and even worse; some formulas are dishonest and fraudulent, because they claim to yield preparations *which they* do not yield, and they are offered as substitutes for

preparations to which they are vastly inferior physically, chemically and therapeutically. As long as this is the case, the book can not be considered seriously by any honest physician or scientific man.

The book is now more than anything else—and it was Hallberg's purpose it should be—an official guide for substitutors, and I respectfully but firmly suggest that this name—The Official Guide For Substitutors—be added as a sub-title to the National Formulary. Let it be printed on the title-page.

The Council on Pharmacy and Chemistry.

The Council on Pharmacy and Chemistry has come to stay. It has accomplished a good deal of good. It has made many errors, both of omission and commission. The fairness of two at least of its members does not seem to be above suspicion. In some instances the reports seem to have been inspired by vindictiveness. rather than by a real desire to get at the truth. The language of the Council's reports and of the accompanying "comments" is only too often that of the yellow newspaper, instead of being the language of science and of dignified, high-class journalism. We know this, we admit it all; but admitting it all, we still believe that the total amount of good the Council has accomplished overbalances considerably the evil, and even the injury that has resulted to innocent parties. Its chief value lies in its preventive action. It has had very little influence on established remedies. (Even the Antikamnia people are still doing business—and, according to reports, better business than ever; while quite a few of the remedies approved by the Council are *in extremis*). But it has pretty effectually stopped the flood of *new* preparations which presented no originality whatsoever, i. e. common mixtures, and preparations with false formulae.

There is one point, however, with which the profession is not familiar, but with which everybody ought to be very much familiar. When a Council report on a remedy appears in the J. A. M. A., it is generally assumed that the entire Council or at least a majority of it had a hand in the matter, made themselves familiar with the details of the subject, discussed the pros and cons and then reached a unanimous or a majority conclusion. Nothing of the kind. The analysis of the product is intrusted to one man, often a very obscure, and to the outside world always an anonymous, individual, and on this one man's report the condemnatory verdict is based. No control analysis for the verification or disproval of the man's findings is attempted. It is *conceivable* that the chemist, even if very competent may make a mistake—we have seen mistakes happen in the hands of the best chemists. It is *conceivable* that the chemist may be biased against a product, or have a grudge against the manufacturer. Unconsciously his report will be colored. And still the Council

goes by the report and it goes out to the world as if it were the result of the examination, discussion and deliberation of the entire Council.

But the most anomalous, the most absurd thing—so absurd as to be incredible—is this. When the manufacturer of a product objects to a report, if he claims that the report is biased or wrong, then the product is submitted for re-examination—to whom? To another chemist? No—to the same chemist who made the original report ! ! ! What chance is there for the man condemning his own findings or confessing that his judgment and deductions were wrong? Do you see the absurdity of the thing? What would you think if an appeal were taken from a judge's decision and then the same judge was asked to pass upon the appeal? You would consider it crazy justice. Just so crazy is the above referred to arrangement of the Council's work.

As we said at the outset, the Council has come to stay. But certain changes *must* be made in its working methods, before it can gain the approval of the thinking, independent part of the medical profession. We want no star chamber proceedings. We want to know the names of the very individuals who perform the various chemical, physiological and bacteriological tests, so that if they do make blunders, they may be exposed to the ridicule of the scientific world. We do not want them to hide behind the Council. Anonymous work is only too often careless work. A man is always more careful, more patricular, if he knows he must sign his name to his statements, must face the world under his own signature and must personally bear the responsibility for blunders and misstatements.

We demand more openness, more fairness, more personal responsibility in the Council's work. We demand it, *and we will get it.* We get everything we demand. Public opinion is stronger than any clique. We showed the absurdity of a handful of druggists and chemists passing upon products used for *therapeutic* purposes, and *we have been listened to* and we now have several medical men on the Council and we also have a respectable consulting staff. (The medical men so far are mere figureheads, but in due time they will count.)

In conclusion, I would, for the guidance of our readers, say this: Any report of the Council concerning the *chemistry* of an *inorganic* product may be accepted as correct, without further corroboration. Reports on the *chemistry* of vegetable organic compounds may be accepted as substantially correct in the majority of instances. But the Council's reports on complex animal products, such as enzymes, serums, etc., and on bactericidal substances, should be taken with a very large amount of salt; a very skeptical attitude should be maintained towards them and no judgment should be passed until corroborated from various independent sources. There is not a physiological chemist or a bacteriologist on the Council; and besides, the determination

of an enzyme, serum or bactericidal substance is so delicate an operation and requires so many careful, painstaking experiments, that up to the present time it has proved beyond the Council's power. As at present constituted, it has neither the knowledge nor the equipment for the work.

Philip Mills Jones and Coca-Cola.

Every revolution, every reform movement brings to the surface a lot of individuals, who, while having no sympathy with the cause in their heart of hearts, espouse it none the less most vociferously, for they feel that their only salvation, their only way of making a living, is to go with and not against the current; and in order to remove from themselves any possible suspicion of insincerity, they outherod Herod, they try to be more catholic than the pope. There were many such types in the French revolution, there are many in every reform movement. A typical example is Philip Mills Jones. No more nauseating type can be imagined. Claiming in his editorial pages to be the saintliest of saints, billingstating every independent journal that carries any ads. not approved by the Council, he himself has carried and is still carrying in his advertising pages preparations not only not approved by the Council, but preparations which respectable private journals, like the CRITIC & GUIDE, would not think of admitting.

We will not go back to the past. His hypocrisy at that time I had the pleasure of demonstrating in a manner that admitted of no discussion. Let us take his latest issue—May, 1908. One would think that after three years' existence of the Council, after the enormous propaganda, the santliest of saints, the most vociferous ethical journalist, the editor of a prominent organization journal, who anathemizes every independent and society journal but three (the J. A. M. A., Kentucky and his own), one would think, we say, that such a man would at least be decent enough to live up to the rules of the Council, would try to practice what he preaches. But, no! In the most prominent position of the journal, the last advertising page, he carries the ad of a product which Torold Sollman, the present spokesman of the Council, specifically mentions in his pathetic plea in the Journal of the American Medical Association for this week (May 23d). But this is nothing. On page xx of the May issue our saintly saint carries a full page ad. of——Coca-Cola! ! ! I could not believe my own eyes when I saw it. I thought at first it was a reprint of an ad. from another journal to show what bad, bad people other editors are. But no, it is Jones' own ad. Now, gentlemen of the medical profession and editors of the independent and Association Journals, what do you think of the santliest and utlra-ethicalest

of all editors admitting into his pages the ad. of a nostrum which is advertised in the lay press and on the fences and bill-boards, on rocks and vacant lots? We have no animus against coca-cola, but in what way does it differ from Hood's Sarsaparilla, Hosteter's Stomach Bitters, Father John's Medicine, etc., etc.? Or may we expect soon to see these preparations represented in Jones' pages? And the advertisement is certainly one of the most ridiculous we have seen in a long time. The claim is made that the preparation contains no cocaine; if so, the name is a fraud, and should be changed; the first word should certainly be deleted. The further claim is made that the only medicinal element in coca-cola is caffeine, and the dispensatory is called upon to prove the therapeutic virtues of caffeine, just as if anybody denied them. "As a diuretic it is superior, it is very valuable in the treatment of dropsies." Do the coca-cola people intend to recommend their product as a remedy in cardiac dropsy? It is laughable. We recollect Mr. Jones censuring most severely the New York State Journal of Medicine for the latter carrying the harmless and efficient laxative, California Fig Syrup. So, Syrup of Figs is wrong, and coca-cola is all right? Shame on you, Dr. Jones, you are nauseating us.

A Laughable Incident with a Moral.

Dr. H. whose opinions on many subjects have performed a violent somersault within the past three years, since he attained a high position in the councils of the American Medical Association, asked me to have dinner with him at a well known Broadway restaurant. He wanted to talk over certain points, on which he was not quite clear and as he considered me "the best informed man in America on these topics," plus a lot of more taffy, he would appreciate the pleasure of a little chat. I accepted the invitation. After the first few moments, the perennial and irrepressible subject bobbed up—the subject of ethical pharmaceutical specialties, N. F. preparations, etc. I, of course, maintained that under the present commercial and drugstore conditions it is advisable for the physician, who has his patient's welfare at heart—not only advisable, but often his imperative duty—to specify preparations of a certain brand, of a certain manufacture. This was true not only of proprietary preparations, but also of certain delicate alkaloids and other chemicals. If the physician does not specify the brand, he runs the risk of getting sometimes a good product, sometimes a fair one, and sometimes an utterly worthless or even injurious one.

Dr. H. who—may I hope ever to be pardoned for saying so?—has never done any original thinking on this subject, nor made any personal investigations, disputed my position. Not with facts or arguments, but just so, on general principles, because it is the fashion now-a-days to be crazy over "open-

formula," unspecified, imitation products. So far, so good. When the steak was brought—and a big steak it was, for Dr. H. is a *bon-vivant*—the doctor called back the waiter and said: "Say, bring me some Worcestershire sauce; but be sure it is Lea and Perrins'. I want no other." I could not help smiling imperceptibly. Dr. H. was utterly unconscious of the fact that he had just been guilty of a most egregious inconsistency. When Dr. H. got thru with the steak I told him laughingly:

"Doctor, do you know that you have just committed an offense of a most heinous character, in fact, a double offense?"

"What's that?"

"First, you ordered a preparation, distinctly and emphatically specifying the brand; and second, the preparation you ordered is a nostrum; it is made after a secret formula; nobody knows the exact ingredients and nobody can successfully imitate it."

"That's different."

"Why different? I can't see any difference whatever. You have used this sauce. You like its taste or its stimulating properties on your gastric secretion. You are satisfied with it and you therefore ask for it, and do not care to experiment with imitations. The same with medicines. A physician has used a preparation from which he has obtained good therapeutic results. It also pleases his patients, i. e. they like the taste, it does not upset their stomach, etc. So why should he experiment with substitutes and run the risk of getting inferior or worthless preparations?"

To this argument Dr. H. could give no response. He became like the prodigious 2-day old baby, which looked up and said—nothing!

Whether my arguments converted Dr. H. or not, I do not quite know—none so blind as those who will not see. But I do know, that when ordering a Havana cigar and a liquor Chartreux, he was in both instances particular to specify the brand.

The moral? Why the moral is in the story, writ so plain that a child can understand it. If you don't see it, my telling it won't help you.

Useful Points.

"Lemon juice is really a specific against scurvy, whether it be employed as a preventative or as a remedy. It supplies something to the blood which is essential to its healthy properties."

The urine in acute rheumatism presents the strongest type of so-called febrile urine: scanty, high sp. gr., deep-colored and deposits on cooling abundant amount of urates.

In a text-book on medicine, published in 1868, the three remedies given for acute rheumatism are: venesection, calomel combined with purgatives and opium. The salicylates were still unknown then.

An important pointer in the treatment of asthma. If the asthmatic attack ends with and is relieved by abundant expectoration, then use potassium iodide. If the asthma is of a dry character, then iodides are worthless: use atropine or belladonna.

Too many obstetric operations are performed and Hegar claims that at present the mortality resulting from the increased number of obstetric operations counterbalances the gain made by the introduction of asepsis into obstetric practice.

Remember that nephritis may be unilateral; remember that nephritis may be present without albumin or casts.

Exercise in nephritis should be very mild and moderate; it increases the albuminuria.

Even such a simple thing as passing a catheter into the bladder should not be done carelessly and slovenly. Vaseline or sweet oil that has been exposed and is full of germs is not a proper lubricating medium.

Do not fail to give calcium sulphide (calx sulphurata U. S. P.) a thoro trial in every case of furunculosis.

The remedies for diabetes insipidus are: Atropine, ergot in very large doses and valerian or valerianate of zinc.

It is more than two centuries and a quarter since Willis (1674) recognized the distinction between diabetes mellitus and diabetes insipidus, and still our treatment of these two conditions is not such as to make us very proud in this respect.

Simple "heavy" breath in a child may develop into obstinate fetor oris if neglected. Give a purge 2-3 times a week and wash the child's mouth with a weak solution of hydrogen dioxide, potassium permanganate or sodium thiosulphate.

If your friend has an offensive breath it will be a kindness on your part to tell him so. He may be unaware of it.

Keep your mouth clean. It is the chief channel of entrance of pyogenic organisms.

In xerostomia (dry mouth) rinse frequently with water containing 10 per cent. glycerin. Lozenges containing 1/12 grn. of pilocarpine should also be tried.

The Influence of Sexual Abstinence on Man's General Health and Sexual Power.

By WILLIAM J. ROBINSON, M. D., New York.

The question of sexual abstinence is of importance to millions of men—and women too. From patients and subscribers the question is often addressed to us: Is sexual abstinence compatible with perfect health? And an explicit categorical answer is demanded. Explicit categorical answers are out of place in medicine. They may be necessary in quiz compends and in students' manuals, but no scientific physician will be guilty of laconical dogmatic statements or ironclad rules; no more so than of rule of thumb treatment. The question of the compatibility of sexual abstinence with health has two distinct divisions which must be treated separately. The first division deals with the influence of abstinence on the person's *general* health; the second, with its influence on his *sexual* health.

The writer believes that he has had as much experience with sexually disordered patients and has devoted as much time to the subject of human sexuality in its normal and abnormal manifestations as any one in this or any other country. And he believes that his opinions on the subject of human sexuality are entitled to carry some weight. And while, as said above, we do not approve of dogmatic statements, still we believe that our conclusions based upon extensive personal investigation and inquiry, may be accepted as fairly correct.

We will consider each division of the subject separately.

Is Complete Sexual Abstinence Compatible with Perfect General Health?

In other words, can we assure our patients and the public who look to us for guidance that complete and entire abstinence from sexual indulgence will not in any way injure their general health? To this question the *general* answer is in the *affirmative*. But several specific conditions must be stated. *First.* It applies to normal healthy men. *Second.* The men must *know* that it is so. That is, the man who abstains must know that the abstinence will not injure him. Suggestion here plays a more important rôle than in any other sphere of human life. If the man imagines that intercourse is a necessary factor in adult life and that abstinence is injurious, it will be injurious *to him.* He

will imagine all kinds of ills and he may actually work himself up into a nervous neurasthenic condition. But convince a man that abstinence will not in any way prove injurious to him, and he will bear his deprivation with much greater equanimity. *Third.* The "patient" must not allow his thoughts to dwell upon the subject. This is a very important point. He must know that he *can't* or *mustn't* and that that settles it. If he will allow his thoughts to run loose, or will read obscene literature or witness lascivious shows, and try at the same time to lead an abstinent life, he will certainly injure himself. He will probably succeed in setting up for himself a mild chronic prostatitis, which will complete the vicious circle, and the result may be a very unpleasant one. It is remarkable what an influence the knowledge of *"I can't," "I mustn't"* has on most men. For instance, there are conscientious patients afflicted with an intractable chronic gonorrhea or syphilis. They go six months, a year, two years, and syphilitics even three and four years without coitus and, as far as one can see, without the slightest injury to their general health, or even with benefit. The same is true of strongly and earnestly religious persons. *Fourth.* And this is the most important point—the person must be thoroly busy, he must be engrossed in some work, some study, an invention, or a hobby; the work must engulf him, must occupy all his thoughts, must leave him little or no leisure. People so engaged have no difficulty whatever to live a completely abstinent life; in fact abstinence seems to be essential to their work. We have known scientists devoted to original research, people engaged in writing some compendious work, revolutionists who had devoted their lives to the liberation of their country—and to them the entire subject of sexual relationship was *non est.* They lived a perfectly abstinent life for ten, twenty and more years, enjoying in the meantime good general health—better health, perhaps, than the average man. *Fifth.* An important aid is open air life, as much as possible, exercise, bathing and all other conditions tending to improve the general health. It is a very common impression—both among laymen and physicians—that good general strength is conducive to libido sexualis, sexual excitement, etc. This impression is erroneous. The strong healthy person has less frequent desire, can exercise better control and abstain longer than the weakling, who takes no exercise, leads a sedentary life, etc. The latter is very readily irritated, has no self-control and while he may suffer from *ejaculatio praecox,* his libido is always present and he indulges frequently. Many physicians know instances of debilitaed *tuberculous* patients who thought that they *had* to have, and indulged in daily intercourse. Good health is never a danger. It is often a protection against excesses in Venere as well as in Baccho. And here, *en passant,* we will touch upon another popular error, and that is that superior physical development also necessarily means superior sexual development. This is not so. We have had in our practice

several all-round athletes, whose physical development was superb; every muscle was a thing of beauty; there was not a gymnastic exercise or an athletic sport in which they did not excel; and they were totally impotent, when they came for treatment. *Sixth.* Alcohol in every shape or form must be *cut out,* eliminated absolutely, and meat must be reduced to a minimum; a moderate portion once a day, preferably in the day time.

Under the above conditions, complete abstinence is quite compatible, in the majority of men, with perfect health—mental and physical—whether it be for a year or ten, or a man's lifetime.

We now come to the second division of our subject.

Is Sexual Abstinence Compatible with Perfect Sexual Health or Not?

In other words: Will sexual abstinence for a considerable length of time impair the sexual function or rather the sexual power—for the question is of *potentia coeundi* and not *potentia generandi*—or not? This last question, we regret to say, we are obliged to answer in the affirmative. Abstinence for a considerable length of time will tend to weaken a man's sexual vigor. While the length of the period cannot be specified, personal inquiries from different and reliable sources leave no doubt in our mind as to the correctness of this statement. Only very recently a physician, 35 years of age, in perfect general health, applied to us for treatment. He was very bitter against "the senile or senescent" fogies, who pass false resolutions and try to persuade the people that complete abstinence is a desirable thing from every point of view. He claims that he was in perfect sexual health, practicing moderate coitus; somewhat from moral considerations, but chiefly influenced by the claims of some medical leaders as to the perfect harmlessness of abstinence, he decided to lead a totally abstinent life. And now at the end of six or seven years he finds himself almost totally impotent. We always make it a point to gather information on this point. There are luetic patients who abstain for three, five years, and inquiry from them elicited the fact that both power and libido were diminished. We therefore must repeat our statement that complete abstinence for a considerable length of time will weaken the sexual power—the same as excess will. Abuse and non-use of any function will tend inevitably to weaken it.

As stated or intimated, the statements made above refer to and are correct as to the vast majority of mankind. In medicine, however, there are no rules or statements which apply to every individual of the species. While the rather hackneyed phrase that *every* man is a law unto himself is not quite true, it is true that mankind can be divided and classified into a number of groups which are laws unto themselves. And this is certainly true as far as human sexuality is concerned.

There is a class of people, not a very large one—and we are not referring to perverts—endowed with such powerful, passionate sexuality, that to them sexual life is an absolute necessity. Deprived of it, they are incapable of any mental work, become fretful, irritable and "good for nothing." To such people the statements made in the first division of our paper do not apply.

Now, we are almost sorry that we have written the above paragraph. For there is danger that some readers will imagine that they belong to the above class and that abstinence for them is an impossibility, that they will be injured by it, etc. Let us therefore hasten to add, that the class just referred to is a very small one—we should venture to say, one in five hundred—and a good deal of a person's sexual necessity is purely imaginary. It is funny how many people—young, old and middle aged—like to boast of their quasi-remarkable vigor and passionateness. And when we first tell them, that they will have to go four, six or eight months, as the case may be, without intercourse, they protest vigorously; they could not stand it, absolutely impossible, etc., etc. But when we assure them respectfully, but firmly and rather unsympathetically, that they *can* stand it very well, that their uncontrollable, unrestrainable, Niagara-like passion resides chiefly in their imagination, they cool down, and we hear no more complaints.

But as there are people endowed with a high sexuality, so *per contra* there are men to whom any kind of sexual indulgence is absolutely *poisonous*. This is an important point, for even physicians do not seem to be aware of it. We are not speaking of people affected with heart disease, arteriosclerosis, etc. That to them sexual intercourse is injurious is a well-known fact. But there are people who are apparently healthy in every respect. Examination fails to detect any disease or disorder; even their libido is not diminished. And still a single sexual intercourse acts on them as if they had taken an overdose of poison, or as if somebody had hit them on the head with a club. They become completely knocked out mentally and physically and they illustrate in a superlative degree the old Latin adage: *omne animale post coitum triste*. Age does not seem to be an important factor, for our patients ranged all the way from thirty to sixty-five years of age. Such people, unless transformed by treatment, must of course abstain from sexual congress as long as they live.

A brief resumé of the above statements may prove useful:

1. Normal men, engaged in work which takes their time and engrosses their attention, who are *determined* to live abstinently and who *know* that such life is not incompatible with perfect health, who abstain from alcoholics in any form and use meat very moderately, can abstain from sexual intercourse for many years or their lifetime without injury to their health.

2. Sexual abstinence for a considerable length of time has a tendency to weaken the sexual power. It may produce impotence.

3. There is a small class of people of very high sexuality to whom a sexual life is an absolute necessity. We have no right to counsel abstinence to such people. But we must be careful not to mistake sexual hyperesthesia, excessive irritability, for true libido sexualis.

4. There is another class of otherwise healthy normal people, to whom the most moderate indulgence is excessively injurious. Unless such people can be improved by treatment, they should be forbidden sexual indulgence absolutely.

Our Responsibility for Children.

By WILLIAM L. HOLT, M. D.

"Over the unborn our power is that of God." So wrote our great American seer and prophet Edward Bellamy twenty years ago in that famous book, "Looking Backward." But still how few of us have come to realize this divine power and its accompanying responsibility. Man can never have complete power over death; but he already has complete power over birth. The lowest creature can cause death; the wisest scientist cannot always prevent it. The lowest human creature can cause birth; but only the more enlightened and intelligent can control birth as reason and love dictate. The densely ignorant and thoughtless man procreates like the brutes in blind obedience to his animal instinct; the truly intelligent man recognizes procreation as his most divine attribute, and thoughtfully considers the welfare of the mother, the child, and the community as involved in this most important act of his life.

"Over the unborn our power is that of God." But proportionate to power is responsibility. As our power over death is limited, so is our responsibility. As our power over birth is unlimited if we have knowledge and self-control, so is our responsibility "that of God", complete.

The religious person may think he can escape this responsibility by saying: "Children come from God," or "It is unnatural and wicked to prevent childbirth in any way. God commanded us to be fruitful and multiply." But his religion teaches that man has free will and is morally responsible for all his conscious acts; and procreation is a conscious, voluntary act. Even the most ignorant man knows that sexual congress is liable to result in conception and childbirth if nature is not interfered with. And men of ordinary education know also that the physical, mental, and moral nature of a child may be foretold to a great extent from the natures of its parents and ancestors and also knowledge of its mother's probable nutrition and general care during pregnancy. "Do men gather grapes of thorns or figs of thistles?"

To be sure, popular education on heredity is still deficient. But every man who can be called at all intelligent knows that a child born of idiotic, imbecile, insane, alcoholic, epileptic, syphilitic, or tubercular parents is very liable to inherit their physical or mental weakness in some way if not their particular disease or defect. And every educated person should know that if a mother on account of illness, ignorance, overwork, or poverty does not nourish her child properly before birth as well as afterward, that child does not get a fair start in life. It has not gotten what our American constitution aims to give every American child: an equal opportunity for life, liberty, and the pursuit of happiness.

The second excuse given to avoid responsibility for procreation is offered by Christian and Pagan alike. "It is unnatural and wicked to prevent childbirth in any way." What authority is there for this assertion? The lower animals do not prevent conception in any conscious way, it is true; but reproduction in them is a merely instinctive and practically involuntary process. Does this fact make prevention of childbirth unnatural in man? Are we to follow the example of the brutes rather than our human conscience and reason? We might as well say it is unnatural and wicked for man to cook his food, to wear clothes, or to live in houses! Indeed Malthus tells in his famous "Essay on Population" that even savage tribes take rude measures to prevent the birth of more children than they can properly care for. In the most varied forms imaginable all civilized peoples have taken means to prevent childbirth for centuries.

The good orthodox now declares "it is wicked," and falls back on the Bible. Did not God command us all to "be fruitful and multiply"? The old testament Jehovah does give this command three times in Genesis, the only book in the whole Bible where any such command occurs. Adam and Eve in the first chapter are commanded along with the animals: "Be fruitful and multiply, and replenish the earth." And in the ninth chapter after the flood had left old Noah and his family the sole survivors, "God blessed Noah and his sons, and said unto them: "Be fruitful and multiply and replenish the earth." These were certainly emergencies, and there was not the remotest danger of overpopulation! The third and last instance of this command is in Genesis XXXV, 11. Here Jehovah said unto Jacob: "Be fruitful and multiply; a nation, and a company of nations shall be of thee, and kings shall come out of thy loins." This also was evidently a special occasion; Jacob was to propagate a whole nation; hence he must be very "fruitful." But no such command is given by Moses to the Israelites, or by Jesus to his disciples. Of course we cannot know what Jesus' attitude was in this matter; we have no teaching of his preserved in regard to it. Yet he was vitally interested in the welfare of children, as shown by this well-known quotation: "But whoso shall offend one of these little ones which believe in me, it were better for him that a mill-

stone were hanged about his neck, and that he were drowned in the depth of the sea." Would he not have upbraided today those thoughtless, poor men who burden their wives with so many children, that they are sadly neglected? Do not such men, tho unintentionally of course, "offend one (or many) of these little ones"? And would not Jesus approve the thoughtful poor man who considers his wife's happiness and the future welfare of his children, and creates no more children than his wife desires and is able properly to care for? Is it not rather thoughtless, unconscious and unlimited procreation which is "wicked" and worthy only of the brutes?

Barber's Itch.

A CASE OF CARELESS INFECTION.

By M. L. HEIDINGSFELD, M. D., Cincinnati, O.
Dermatologist to the Cincinnati Hospital.

The report of the following case is of some interest in regard to the danger to which the public is exposed by the unsanitary methods of barbers and professional masseurs in the administration of facial massage.

C. H., aged 20 years, presented himself April 3d, 1908, with the forehead, cheeks and chin covered with a dozen or more irregular circinnate patches with active vesicular crust-covered spreading borders, and fading centres, presenting all the clinical evidences of a moderately severe form of tinea barbae. The largest and apparently oldest patches were situated over the right and left side of the forehead, which gave the case an unusual character. Patient stated that the affection began upon the forehead on the right side about three weeks prior to his first visit, and spread rapidly to the bridge of the nose, left side of the forehead and thence elsewhere over the face. The original patches have partially disappeared under a treatment which failed to restrain the development of new lesions. Patient stated that it had been his habit for the past few months to be shaved by a barber about twice weekly; the light growth of beard scarcely merited that much tonsorial attention. About three or four weeks ago the barber who had been shaving him with more or less regularity massaged his forehead, nose, cheeks and chin, and it was shortly after this attention that the patient first noted a slight sense of stinging, burning and itching, and the appearance of the lesions over the forehead. It is therefore more than probable that this infection can be traced directly to this unnecessary attention on the part of the barber.

It has become almost a universal custom in this community for the public to seek this form of massage at the hands of barbers, manicurists, and some self-styled dermatologists and skin beautifiers, who use for the purpose soft rubber cups incapable of sterilization or proper cleansing, attached to some form

of mechanical vibrator. Doubtless their unsanitary use must be responsible for many forms of infection. In the vast majority of these cases, the infection is of such a nature or so unfavorably placed as to leave a reasonable doubt as to the mode of its production. It is only in cases where lesions of an infectious nature, develop over areas remote from those traversed by the razor, and which under ordinary conditions are spared at least initial involvement, that the danger to the public in this respect can be estimated. The practice aside from its unsanitary character, is a pernicious and unnecessary one. There is no particular affection that is apt to be materially benefited by such a procedure, but there is a host, eg. indurated acne, furunculosis and various infections of skin, for which this particular form of massage is often recommended by these presumptuous artists, or sought for by the misguided public, where its influence is decidedly for harm rather than for good. It is also frequently employed as an adjuvant in another form of deception, namely the application of "skin-foods." The danger of transmitting syphilis and other infectious diseases with common massage instruments is too apparent to require special comment. It behooves the boards of health of the various communities and physicians to influence these boards to exercise a salutary hygienic control over these as well as other forms of unsanitary abuses.

Medical Treatment as Compared with other Therapeutic Means.

By A. L. BENEDICT, M. D., Buffalo, N. Y.

Therapeutic nihilism has, for many reasons, been limited largely to the administration of drugs. In the first place, there has always existed more or less prejudice against the attempt to modify disease by essentially foreign substances, many of which are frankly toxic in any considerable amount and whose use is associated with unpleasant by-effects, even the apparently trivial one of a disagreeable taste. Again, a failure or uncertainty of result after the administration of a drug whose course thru and action in the body cannot be perfectly and has only recently been even moderately satisfactorily traced, leads to a scepticism with regard to the same and other drugs, even when the ultimate result is satisfactory. In endeavoring to guard against the post hoc propter hoc fallacy, there is a tendency to fall into the opposite one that a sequence of events implies no causal relation and, as in other matters, good luck after the neglect of proper precautions and aids, leads to a contempt for measures of safety.

Perhaps the greatest reason for the development of scepticism as to medical therapeutics, is the recondite nature of the action of drugs, as contrasted with the brilliance and mechanic simplicity of operative measures, the logic of which even the tyro can see.

The same brilliance gives a prestige to mechanic measures of a non-operative nature, to electric, X-ray and other elaborate instrumental therapeutic methods, while the plea for naturalness, similarly favors various hygienic methods of treatment, even when they have been elaborated into most unnatural systems of balneology, exercise, etc.

It is absolutely out of the question to compare accurately or even in a statistic manner, the results of surgery and of internal medicine, except in certain limited fields. An essentially malignant process—and the term malignant is not here used as a synonym for cancerous or sarcomatous—from which, by common experience we know that recovery is impossible or extremely doubtful, which permanently and seriously or totally disables an organ and which does not involve an organ whose extirpation is necessarily fatal, must obviously be treated by surgery or not at all in any radical sense. Whether recovery follows or not, is no discredit to the surgeon, unless a bad result is due to a technical error, altho it should be stated that many deaths from anesthetics, from hemorrhage, or from general lack of strength might be avoided if the surgeon were as ready to seek and accept aid from the internist, as the latter is from the surgeon.

It should be remembered, however, that the vast majority of diseases involve problems absolutely foreign to surgery, and that it is an exceedingly narrow-minded view, that all of this vast array of discomfort and danger is dissipated by nature, without any true assistance from the physician or even in spite of his conscientious efforts. It is worse than narrow-minded to hold, as some surgeons have openly claimed, that the average practitioner was simply a placebo and of no practical value except to rake out surgical cases and see that they reach the surgeon in time.

Unless some pretty definite mechanic problem, including the evacuation or resection of an essentially malignant intrusive process, presents itself, it is a safe general rule that operative measures should not be undertaken. It is true that a false conception of the nature of disease may render it possible for brilliantly successful results to follow an apparently illogical operation. For example, with the old notion that peritonitis was an idiopathic inflammation, it was difficult to foresee that this condition should be a surgical disease. For this misconception, neither internist nor surgeon was responsible, it was the inevitable fault of inexperienced pathologists. We now know that the vast majority of cases of peritonitis are not only surgical but that they indicate neglect of surgical prophylaxis.

But, with increasing medical, surgical, pathologic and physiologic knowledge, the chances of misconception of the nature of disease are rapidly diminishing and the fact that diseases were thus misconceived in the past, is by no means evidence that surgery will continue to encroach upon internal medicine. For instance, the operation of renal decapsulation, Talma's operation

of short-circuiting the portal circulation in hepatic sclerosis, the indiscriminate practice of gastro-enterostomy in gastric ulcer, especially when the diagnosis rests on vague symptoms, even the mechanically logical operation of nephropexy, have not proved generally successful.

One important general principle has been overlooked by surgeons, namely that the fact, that a case is incurable medically is not necessarily an indication for surgical treatment. There are, of course, instances in which the apparently illogical or utterly random employment of a therapeutic method has been successful, either because of a failure properly to diagnose the individual case or because of a general misconception of the nature of the disease. But, generally speaking, medical treatment of a case not *obviously* affording an indication for operation, fails because the system is suddenly overwhelmed by disease or because it has gradually worn out. In such cases, there is nothing to accomplish mechanically—unless the surgeon of the future will be able to insert new viscera—and even if the patient survives the operation, the anesthetic, hemorrhagic and nervous shock, have still further reduced his viability, and his prognosis *quoad vitam* has not been made better, but worse.

Treatment of Cancer.

By T. G. ATKINSON, M. D., Chicago, Ill.

Dr. Romain Vigoroux, writing in Le Progres Medical, maintains that cancer is only a secondary phenomenon, a local episode in a general dyscrasia. He holds that certain facts tend to characterize it as the result of a double process of concentration and elimination of nocuous products elaborted by the organism.

To the question, What is the nature of this general dyscrasia? Vigoroux replies that, in the absence of any more definite knowledge as to its character and etiology, it may be tentatively regarded as arthritic. He considers that the observation of the frequency and intensity of arthritic affections in those patients who develop cancer is too uniform and constant to be regarded as merely a coincidence. He calls attention to two special conditions which are traceable to the same source, namely, chronic rheumatism and hepatic troubles, particularly hepatic insufficiency, in cancerous patients. Incidentally he points out that cancer patients are always great eaters, and large consumers of meat.

In the pre-cancerous period, the arthritic symptoms are well recognized, in addition to which appears the symptom known as Trelat's sign, namely, neuralgic or painful spots, give ample warning. During the following period it is significant that the local and constitutional development do not by any means keep pace with each other. It is by no means infrequent to see a small and slowly growing tumor accompanied by severe wasting

and cachexia for which there is apparently no adequate explanation.

The practical considerations which spring from this point of view are obvious, the principal one being a realization of the insufficiency of local treatment of cancer. It becomes pertinent to enquire, as indeed has already been asked, whether surgical intervention exercises and real influence upon the development of the cancerous condition? Not that the author proposes a return to the sheerly medical treatment of the disease, but simply a renunciation of operative exaggerations and a combination of external and internal medication.

As to what shall be the nature of such internal medication, the considerations mentioned above point to the direction in which this shall be sought. Leaving aside for the time all theories as to the etiology of cancer, the author simply points to the well observed fact that cancer is almost invariably attended with hepatic insufficiency, and upon this indication he strongly advocates organotherapy, calling attention to the encouraging results of recent laboratory experiments in the United States and Germany in establishing the proteolytic action of liver extract upon cancerous cells in animals. The sole consideration against this mode of treatment is that it is not tolerated for long at a time.

Of drug agents Vigoroux considers salicylate of soda as the first in importance, which he gives in daily doses of from half to three grams. In the latter dose it has a prompt and decisive action. It is true that in every case so treated he has employed x-rays along with the medicine, but in those cases treated by x-rays alone the result has been nothing but an aggravation of the trouble, whence it is fair to attribute the good results to the soda salicylate. In a case of cancer of the orbit, pronounced incurable, this combined treatment in the author's hands brought about a complete cure which has lasted now for one year.

In the way of local treatment Vigoroux thinks that only two methods deserve mention, namely, surgery and radiotherapy. The latter procedure, particularly that form of intervention which he calls "large et precoce," he opposes in a general way and for two general reasons: (1) The disproportion between the end sought, namely the eradication of all cancerous germs, and the methods, which reduce themselves to tao, (a) to cut away the most possible tissue, and (b) to operate at the earliest possible moment.

On the other hand, he strongly advocates treatment by means of the x-ray, whose efficiency in cases of skin cancer has been indisputably established, and which he does not think has yet been accorded a fair trial in cancers of the breast and similar glandular structures. X-ray treatment should be begun at the earliest possible moment, if possible before the diagnosis of a tumor has been confirmed. Prematureness in this form of treatment is rather a virtue than a fault. Radiotherapy, combined

with internal medication upon the lines laid down, Vigoroux regards as the ideal treatment of cancer.

Venereal Prophylaxis and the April issue of the C. & G.

Digby, Nova Scotia.

Dear Dr. Robinson:—Your letter to hand. I do not know if the following paragraph is 'writ sarkastic' as the late Artemus Ward expressed it. I quote it in it's entirety. "Strange to say, however, a good many physicians are not pleased with the April issue. They think that it is not good to teach people prophylaxis as it might interfere with their income."

If by 'a good many physicians' you are alluding to the innumerable host of advertising quacks, I can quite understand their objections to your April issue. In fact, to almost any issue of 'The CRITIC & GUIDE' which has ever come out of the press.

I am only a layman, but I should class the regular physician, who objected to prophylaxis in the case of venereal disease, with the undertaker who objected to vaccination or the use of antidiphtheritic serum, on the ground that vaccination and serum-therapy were 'bad for his business.' I should class him even lower, because small-pox and diphtheria are 'clean' diseases, compared to syphilis and gonorrhea. They run their course, the patient either dies or recovers,—he may suffer from more or less unpleasant sequelae, but he does not leave a second and third generation to suffer for his misdeeds. A woman may contract smallpox from her husband, and she is 'down and out', or cured in a few days. Your April number, and the equally excellent 'Story of Rose and Edward,' published about a year ago, and since reprinted, give a very vivid sketch of the possibilities in the case of venereal disease.

How in God's world a reputable physician can object to anything which will decrease, if not eliminate the venereal peril is more than I can understand. If the mere desire for 'filthy lucre' is his motive, I think that the following lines from the pen of the late Harrison Ainsworth will about 'fill his bill.'

Scene. The charnel house of Old St. Paul's, London.

Time. The outbreak of the Great Plague.

Dramatis personae. Anselm Chowles, the coffin-maker and his satelites. Chowles sings.

'To others the plague a foe may be. To me he's a friend, not an enemy. My coffers and coffins alike he fills, and the richer I grow the more he kills.'

(Chorus). The Plague! Drink the Plague.

I regret to say I have no boys of my own. If I had, I should furnish them with a copy of your April number if I had to pay ten dollars for it. It is about the cleanest piece of literature on the subject that I ever read.

Yours very sincerely,

EDMUND F. L. JENNER.

THE AMERICAN PHARMACIST

The Philadelphia Branch of the American Pharmaceutical Association.

The meeting of the Philadelphia Branch of the American Pharmaceutical Association, held on the evening of May 5th, 1908, was devoted to a discussion of "Pharmaceutical Associations and their uses."

Mr. M. I. Wilbert read a paper on "The status of pharmacy and Pharmacists in Europe" in the course of which he reviewed some of the achievements of the earlier pharmacists abroad and outlined some of the aims and objects of pharmaceutical societies in the several countries of Europe. He asserted, that, from a scientific point of view, it was unfortunate indeed that pharmaceutical, as well as medical training and practice in the United States, should be based on the antiquated and undeveloped system in vogue in Great Britain, a century or more ago. The precedent thus established has severely handicapped the progress of the science of pharmacy, in this country, and it will be many years before we can entirely eliminate the hampering influences of the old time affiliations that, at times at least, appear to all but overshadow the true vocation of the pharmacist.

In concluding he expressed the belief that the work that is being done in Europe, and even the work that is being done in connection with the American Medical Association, *will be of but indifferent value to American Pharmacy unless pharmacists themselves are able and willing to assist, in a practical way, by perfecting themselves in the science of their calling* and by insisting that future generations of pharmacists receive, and are able to profit by, a more complete and better form of pharmaceutical education than has been offered them heretofore. [Right you are, Wilbert.]

Mr. Thos. H. Potts, the president of the National Association of Retail Druggists, presented a communication entitled: "The N. A. R. D. as a factor in the progress of pharmacy."

After briefly outlining the conditions as they existed a decade or more ago, before the founding of the N. A. R. D., Mr. Potts recounted some of the benefits that have been secured by organization along business lines. One of the fundamental principles of the N. A. R. D., he believes, has been to make the business of the retail druggist pay him better, and in this, he asserted, the N. A. R. D. has been eminently successful.

Prof. Jos. P. Remington, in commenting on the paper by Mr. Potts said that at the present time retail druggists are virtually compelled to give much of their attention to the immediate need for securing bread and butter and they have little or no time or inclination for following up the professional side of their calling. He believes that the enactment of pure food and drug laws, and the accompanying acceptance of the Pharmacopoeia and of the National Formulary, as legal standards, will serve to arouse both the physician as well as the pharmacist to an appreciation of the opportunities now before them and will serve to elevate the retail druggist to a much higher plane.

Prof. Henry Kraemer read a paper on: "The reorganization of the American Pharmaceutical Association" in which he expressed himself as being in favor of the form of organization that has been adopted by the American Medical Association, with the local society as the unit in the general scheme of organization.

He believes that pharmacists, collectively or individually, can no longer lose sight of the scientific side of their calling. The methods as well as the work of the retail druggist will, in time, be open to the scrutiny of government officials and it will not be long before the faults and the shortcomings to be found in pharmacy will be exposed and discussed.

Prof. Kraemer believes that some provision should be made for postgraduate work by retail druggists, who are interested in the science of their calling. He thinks that this work can best be introduced in connection with the meetings of the existing pharmaceutical associations and for this purpose he is in favor of elminating all of the regular business from the general sessions.

The several communications were further discussed by Messrs. Potts, Epstein, Cliffe, Prof. Remington and Prof. Stanislaus.

M. I. Wilbert, Sec'y.

The Tribulations of the Pharmacist

"A while ago a certain doctor entered the store and wanted some black calomel. "Black calomel? Why, doctor, calomel is white." "Maybe it is, but I want it black." "Well, I am sorry, I have none; in fact, I never saw any." "What? Did you ever make up any Black Wash?" "Oh, yes; a great deal of it." "Well, is not the calomel in it black?" "Surely, doctor, you know that it is no longer calomel when changed by the lime water, changed to an oxide." "Oxide nothing! If you have not got it, why don't you, like a man, say so, and be honest about it?" Again, life seems to short to set the world right, and I lost another sale."—S. A. McDonnell.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Treatment of Chorea.

Rurah, in Archives of Pediatrics, thus outlines his technique of the management of chorea as practised in the Garrett Hospital, to which he is attending pediatrist.

On admission, after preliminary cleansing bath, the child is put to bed, no matter what the severity of the disease, and is kept in bed until the movements have ceased entirely and the patient is gaining in weight. If the case is mild, the child is moved into the sun room during the day, but in the more severe cases complete isolation is practised. If the skin is rough and dry, daily warm baths are used until the skin has become normal. In exceptional cases, where the nutrition remains poor, massage is employed once a day.

The diet is most important, and at first the child is put on a milk diet, from three to eight ounces every two or three hours. This is continued for several days, until the child asks for other food or until the digestive organs appear to be in good condition. Then solid food is added and the amount increased until the child is on a full diet, with as much milk as it can take in addition.

The bowels are kept open. A dose of castor oil is given at the outset and later either enemata or drugs as occasion requires. As a rule the bowels soon become regular and require but little attention.

Internal medication is very simple. In the average case no medicine is required. If the tongue is coated a few doses of dilute hydrochloric acid is given for a few days. If there is anemia, iron in some form is indicated, and the author uses Blaud's pill if the child is able to take a pill; if not, solution of iron and manganese peptonate. He has not used arsenic in his practice. He has never seen any special effects from it, and thinks that children get along as well without it as they did formerly, when it was given as a routine. When there are distinct rheumatic symptoms, he gives the salicyl derivatives.

Tuberculous Hip Joint Disease.

France also has her sane and optimistic therapeutists. In a communication recently made to the Academy of Medicine, of Paris, M. Lannelongue declares that the incipient stage of tuberculosis hip joint disease, when properly treated, is readily curable

and yields reasonably satisfactory results. Hence it is of prime importance that a correct diagnosis be made as soon as possible. He calls attention to the chief symptoms of this incipient stage, namely, the intermittent limping, the immobilization of the thigh in an unnatural attitude, the ganglionic swelling, the muscular atrophy, and the pain.

To the hopeless axiom of Gosselin, "All hip-joint patients die," M. Lannelongue opposes the cheering declaration "Almost all tuberculous hip joint patients get well." The method of treatment which he formulated in 1902, consisting of successive intra and extra-articular injections, he asserts has been successful in cutting short the pathologic process and preserving all or a very large part of the mobility of the joint. His formula is as follows:

Olive oil.	90 parts
Ether.	40 "
Iodoform.	10 "
Creosote.	2 "

These injections must be supplemented by rest in the horizontal position and continuous extension; the latter is far preferable to immobilizing apparatuses, which only produce ankylosis. M. Lannelongue criticises sharply M. Calot, who proposes two methods of treatment—one, continuous extension, for wealthy children, which will preserve the mobility of their limb, the other, plaster of paris, for poor children, which will leave them with a decided ankylosis. M. Lannelongue very pertinently demands whether mobility of the limb is not just as valuable to a poor child as to a rich one?

He describes in detail his method of injection, and summarizes the treatment of tuberculosis hip joint disease as follows:

1. Rest in the horizontal posture, with continuous extension to the affected limb. Immobilization by plaster of paris or silicate is a faulty procedure, which does not as a rule correct the deformity, compromises the recovery of lost motion, and frequently results in the loss of such mobility as still remains.

2. Coincident with the horizontal posture and the continuous extension, successive intra-articular injections should be given, with some mixture whose basis should be iodoform, ether, and creosote, incorporated in some kind of oil. The selection of these materials depends upon their prompt and direct action upon the tuberculous tissues. The ether serves to distribute the medication thruout the entire extent of the internal surface of the joint; the iodoform, according to trustworthy experimentation both upon animals and upon men, is not only a specific germicide, but annuls the effects of the bacteria by bringing about a cure of the tuberculous lesions already produced; and finally, the creosote exercises its sclerosing influence.

"Empty-Bowel Treatment" of Typhoid.

Ewart, in the British Medical Journal, advocates the treatment of typhoid fever by a method of feeding which, while it supplies the waste of tissue that goes on, i. e. feeds the patient satisfactorily, gives rise to the least possible quantity of feces. These being diminished, there will be less septic absorption from the intestines and the surfaces of the ulcers will be kept fairly clean, so that it will be more easy to bring antiseptic agents administered by mouth into working contact with the ulcerated surfaces.

To attain these ends, Ewart lays down the following routine of diet: peptonized whey; white of egg diffused in whey before peptonizing; the yolk of one egg per day; saccharin, lactose, or better still glucose, in a non-fermentable form; maltine; oil or cream, one ounce a day; common salt 10 to 15 grains to every half pint of whey; watery extracts of vegetables; the juice of various fruits.

This table must be suited by the physician to the various stages of the disease in individual cases. In the first few days it is a mistake to attempt much feeding at all. Two and a half pints of salted whey is usually quite sufficient, in addition to plenty of pure water, either clear or flavored. The whey should not be reinforced by other substances until the turgid abdomen has subsided and the mucous membranes recovered from their initial typhoid disablement. Sugar, albumin, and cream may then be added, first singly and then jointly, as described above, with due regard to a daily inspection of the stools. As soon as it appears that the fortified whey (which is the basis of the diet) is agreeing with the digestion, honey, fruit, jelly, and the rest may be added. But it must be remembered that the increase of total food supply makes it more essential to provide for a daily evacuation.

To this dietetic treatment is added a local treatment consisting of petroleum, two teaspoonfuls every four hours, and vegetable charcoal, in fine powder, two teaspoonfuls every four hours in a little water; and further an important part of the treatment is the daily administration of a small morning dose of castor oil (1 or 2 dr.) if the bowels fail to act at least once every day. The author claims good success for this method, and is supported in his claims by several other English therapeutists.

Palpitation Due to Debility.

It must be borne in mind that there is a form of cardiac palpitation due to a discrepancy between the individual contraction of the heart muscle and the total amount of work done. Both voluntary muscles and the heart muscle tend to contract rapidly if there is but little resistance to overcome. In patients suffering from anemia and debility, where the blood pressure is low, and the

resistance to the ventricular contractions consequently small, these are apt to take place with great rapidity and with a short unsustained apex-beat, the patient complaining of palpitation.

In such cases the therapeutic indication is to increase the blood pressure. Digitalis, which contracts the vessels, is useful in this condition. Iron is also serviceable, by increasing the nutrition of the circulatory apparatus generally. The low pressure, however, is not the only disturbing factor. It is usually accompanied by a disturbance of the innervation of the heart, which is to be met by sedatives such as the bromids, or by remedies directed to the organ from which the disturbance proceeds. These may be advantageously combined with the digitalis.

Chronic Rhinitis.

Gleason says that a case of chronic rhinitis is best treated by the office physician in the following manner. The patient is ordered a tonic, similar to the mixture here prescribed:

Hydrarg. Biniodidi.	gr. ¼
Ac. Arsen.	gr. ¼
Ferr. Pyrophos.	gr. vj
Quin. Sulfatis.	gr. xv

Ft. pil. xxiv. Sig.: One pill after meals.

He is also instructed to wash out his nose night and morning with either Dobell's solution or one of its modifications, and to present himself at the office at least twice a week, but better every other day, for treatment.

After the first cleansing the physician should make an application of the following mixture:

Iodi.	gr. v
Potass. Iodidi.	gr. xv
Glycerini.	oz. j

The result of the application of this formula varies according to the amount used. When the nose is extremely sensitive, only a small piece of cotton should be wrapped about the applicator, so as to form a brush holding but a small amount of the solution, which should be carefully applied to those portions of the mucous membrane where the inflammation seems to be the greatest; the cotton brush should also be passed along the floor of the nose and the pharyngeal membrane painted.

After the application of the iodin solution the use of some protective to the mucous membrane is advisable. For this purpose liquid albolene is very useful, in combination with menthol and camphor, as follows:

Menthol.	gr. v
Camphor.	gr. xx
Albolene.	oz. ij

The albolene serves the purpose of spreading the previous application which, to all intents and purposes, becomes after the

use of the cosmoline an ointment thoroly coating the Schneiderian membrane.

In some cases the iodin solution does not appear to give good results, in which event it should be replaced by a tannin and glycerin solution, as under:

Ac. Tannici. ..... gr. xl
Glycerini. ..... oz. j

Gleason asserts that an average case of chronic rhinitis treated as above will frequently be cured in from three to six weeks.

Treatment of Enuresis.

Cotton, in his valuable work on children's diseases, emphasizes the necessity of a thoro search for and treatment of all the possible causes of enuresis. Examination of the urine, both chemical and microscopic, should never be omitted, since here the most frequent causes of bed-wetting are found. Concentrated, highly-acid urine calls for dilution and neutralization by copious drinking of alkaline waters, as opposed to the old-fashioned idea of restricting drinking. If, on the other hand, the incontinence be nocturnal, and due to distension of the bladder, the ingestion of water should be limited toward bedtime.

Bromids, belladonna and hyoscyamus are obtunders of the vescical nerves, and should be given late in the day. Coffee, tea, and alcoholic stimulants must be absolutely interdicted. The clothing of the child must be such as to protect from chilling, and the diet be regulated so as not to exceed the limit of perfect digestion. Excess of carbohydrates, especially of sweets, is more injurious than a moderate quantity of proteids.

When there is irritability of the spinal centres, as shown by exaggerated reflexes of the lower portion of the body, such as the cremasteric, patellar, and ankle, bromids and ergot are indicated. General neurasthenia, with accompanying anemia, calls for cold bathing, local and general, tonics and haemic restoratives such as iron and arsenic. The tincture of chlorid of iron is an excellent form to give iron in. The interrupted current is often a valuable adjuvant, but in applying this remedy the moist electrode should be placed on the perineum and the other on the sacral or suprapubic region. The practice of introducing electrodes or sounds into the urethras of young children should be discouraged.

Local irritative conditions of the rectum and genitals should be diligently searched for and corrected, such as a tight prepuce or an adherent clitoris. Polypoid growths and thread worms in the rectum, if present, must be removed. Since the trigone of the bladder is the most sensitive portion, Cotton suggests changing the position of the child by elevating the foot of the bed or by making him lie on his side or abdomen.

Of course as an adjunct to all therapeutic measures, the systematic training of the child must not be omitted. The most difficult element in the whole trouble is the element of habit, which most often remains to be overcome even after the physical cause of the condition has been entirely removed. Evacuation of the bladder before going to bed, and taking the child up at least once in the night, preferably early, are important points to be observed. The child must be morally encouraged to self-control by every legitimate means, which, however, does not include the fear of punishment.

Sodium Perborate.

According to Hartmann and Heydenreich (Deut. Med. Wochenschr. and Therap. Monatsschr., April 1908) sodium perborate combines in itself the properties of boric acid and of peroxide of hydrogen. It is indicated in all diseases of the nose, throat and larynx, except tubercular cases. A solution of sodium perborate in water and glycerin is employed. The solution is snuffed up thru the nose or is sprayed into the nose with an oil atomizer. Heydenreich employed the remedy successfully in hemorrhages from the nose and also after operations.

Preparations of Digitalis.

To the consideration of those who insist upon the use of pharmacopeial preparations only, we would present the following: In a recent case of our own in which digitalis was strongly indicated, the patient was unable to stand any of the galenical preparations of the drug. The infusion, the tincture, or the fluid extract produced severe and distressing nausea. Digitalin was well borne, but was not sufficiently effective. Digalen, given by mouth, was borne without the slightest difficulty and produced all the effects that could be expected of digitalis.

THE PHLORIDZIN TEST.—If 1/10 gr. of phloridzin be injected intramuscularly, the urine will show the presence of glucose in half an hour. If the time at which the glucose appears is prolonged much beyond that, it shows that the permeability of the kidneys is below normal. If the glucose does appear within half an hour, it is no proof that both kidneys are normal, for one kidney may functionate normally. To determine this, we catheterize the ureters.

An analysis of the foods on which rickets is most certainly and frequently produced shows invariably a deficiency in two of the chief elements so plentiful in the standard food of young animals—namely animal fat and proteid.

Local sensitiveness over a particular spot in the epigastrium *is suggestive* of ulcer of the stomach. External pressure usually aggravates the pain in ulcer, and often relieves it in gastralgia.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D. EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

Physicians' Manual of the U. S. P. and N. F.

A booklet presenting an epitome of the preparations of the United States Pharmacopeia and the National Formulary has been published for free distribution among physicians. The various pharmaceutical associations send copies free to the physicians of their respective neighborhoods. I have received about half a dozen. Here again the original laudable object—to familiarize the physician with the U. S. P. and N. F. preparations—has been perverted in a most disgraceful manner. The work of compiling this booklet has, unfortunately, been turned over to an ignorant, biased old-fogy druggist—Mr. C. S. N. Hallberg—who worships at the shrine of substitution and whose little gods are the imitation "just as goods."* As a result, the book is so full of ignorant assertions, deliberate perversions of the truth, malicious misstatements and grotesque advice, that it is a very unsafe manual indeed for the physician.

Let us take a few, just a few examples. On page 26 under Camphora the following startling advice is given: "For hypodermatic use the liniment, a 20 per cent solution of camphor in cottonseed oil, diluted with an equal volume olive oil (1 cc or 16 minims will contain 0.1 or 1½ grains camphor) may be employed." To those who know how sterile, how clean, how aseptic the cottonseed oil and the camphor liniment of the drugstores usually are, this piece of gratuitous advice will certainly seem peculiar. Why not use a freshly prepared *sterilized* solution of camphor in olive oil?

*Hallberg was assisted by Dr. Salisbury, but the latter only attended to the "therapeutic" part.

On page 75 under Iodoform a formula for a vaginal suppository is given containing 10 grains of iodoform and 5 grains of tannic acid. What do you think of recommending 10 grains of iodoform as an average formula? There would be quite a few cases of iodoform intoxication to treat.

Under Liquor Auri et Arseni Bromidi the truthful Hallberg says: "Essentially [!] similar to "arsenauro," this formula insuring a product of uniform strength." This little sentence contains one untruth and one nasty insinuation. The N. F. preparation is not essentially similar to arsenauro, because the latter contains bromide of gold and bromide of arsenic while the N. F. product contains free arsenic trioxide. *"This* formula insuring a product of uniform strength." The insinuation is thus thrown out that arsenauro, prepared by the same manufacturer for many years is not of uniform strength! While if prepared by druggists of varying moral qualifications and widely differing skill and knowledge it will always be of uniform strength! And you say this, Mr. Hallberg, you who two years ago, in Boston, in a moment of frankness, spoke to me of the terrible ignorance and moral obliquity of the great majority of American druggists, or nostrum venders, as you called them. You dare to say that complicated preparations like arsenauro and syrup of hydriodic acid can be better prepared by the retail druggist, than by the manufacturer, *you* who told me that there were thousands of druggists thru the West and South who could not prepare lime water properly!

Let us take one more example of the Manual's truthfulness and reliability and we will be thru. Under the title Liquor Ferri Peptonati cum Mangano, the truthful commentator says: "An *agreeably flavored* non-styptic solution. It should be given the preference by physicians" [over pepto-mangan]. Now who is taking liberties with the truth, the plain honest truth? Everybody who has tried to take the liq. fer. pept. cum mang. after the N. F. formula knows that it yields a muddy, ill-smelling and worse tasting concoction. Prof. Wm. H. Harrison, who is Professor of Pharmacy at the Northwestern School of Pharmacy in Chicago (the same city in which Mr. Hallberg is professor of pharmacy) says in reference to the above preparation (Amer Jour. of Pharmacy, April 1908): "When made according to the present formula, with the materials obtainable on the market, the National Formulary preparation may be described thus: A dark brown sluggish liquid, with a most offensive odor, not unlike a mixture of ammonia and putrefied beef extract. Taste alkaline, saline and nauseating. It deposits after a time a dirty white sediment." And this preparation which everybody knows to be offensive, nauseating, readily decomposed and therefore worthless, Hallberg claims to be "agreeably *flavored, non-styptic* and should be given the preference by

physicians:" And all, why? To knock a proprietary preparation against which he has a grudge. The manufacturers of proprietary preparations were in the habit in former times of making exaggerations and of telling things that were not exactly so. But we are sure that none of them ever told one-tenth the number of whoppers that Mr. Hallberg has been guilty of in his not entirely disinterested propaganda.

You cannot bolster up a bad case with falsehoods, and lying is reprehensible even in a good cause.

Sydenham Hospital.

Our little editorial squib in the May issue concerning the above hospital has stirred up a veritable hornet's nest. Those who were formerly *in* the Sydenham, and are now *out* were in high glee and sent us congratulations and letters of tnanks for our courage, etc. Those that are still *in* were ready to swallow us for our reckless temerity. Personally we are no more interested in Sydenham than we are in Bellevue, St. Luke's or Mount Sinai. Simply so many rumors are being circulated about the hospital and so many complaints were brought directly to our notice, that in our capacity of editor of a journal that is sworn to expose all abuses of which it gets cognizance, we considered it our duty to bring the matter to public notice. Believing as we do in hearing the other side we elsewhere give space to a communication received from one of the officers of the Sydenham Hospital. This presents the side of the "ins." If the "outs" wish to reply, the pages of to CRITIC AND GUIDE are open to them.

The Critic and Guide Copyrighted.

As a general rule, we do not believe in copyrighting medical journals. If what we write is useful and beneficial—and we have no right to write anything else—then the more widely it is reprinted and circulated, the better. But we all have enuf egotism in us—egotism of a perfectly legitimate and pardonable variety—to desire that the good work we do be properly credited. Many of our editorials have been reprinted without credit by other journals, and even in pamphlet form by private individuals. We have not objected. But when a "medical" journal takes our editorials bodily, and prints them as its own, changing thruout the text the words CRITIC AND GUIDE to its own name, then it is time to call a halt. And it is only to protect ourselves from such so-called journals, and from nostrum manufacturers who occasionally pervert an editorial to their own uses, that we have invoked the aid of our great and good government. Respectable journals are at liberty to reprint from our pages all they want, provided proper credit is given.

"Don't give up the—Patient."

A strong healthy optimism is the physician's greatest asset. We have always been advising the doctor to be exceedingly careful about giving gloomy hopeless prognoses. We do not know it all, and occasionally an apparently hopeless patient does recover. We have given some examples in a previous editorial. A very striking example is given by Prof. W. S. Thayer of Baltimore in his oration on medicine at the recent meeting of the American Medical Association.

A few years ago he had under his care a patient who had had one tuberculous kidney removed some years before. She had then *bilateral pulmonary tuberculosis, tuberculous pleurisy, tuberculous peritonitis* and *tuberculosis* of the *remaining kidney*. The temperature for weeks had been constantly elevated, the pulse rapid and feeble. She seemed *in extremis*. Had the doctor been asked, he would have said that she had probably a few weeks to live. She asked calmly if she were going to die or whether there was any chance of recovery. He answered her truly that she was very ill, that the outlook was not good, but that there was always a chance for an arrest of the disease, and that it would be wrong even to think of giving up the fight. For two years that patient has been free from fever, to all outward appearances well, and to-day she is actually working for her living.

Dr. Thayer is right in saying that truthfulness in medicine does not mean that it is always necessary to tell the patient that he has a fatal disease if he does not ask you the direct question. Nor does it forbid the physician to seek and keep his eye fixed on the cranny of hope which may usually be found, as earnestly and sedulously as would the patient himself.

For nothing is certain in human life, and—*errare humanum est.*

At any event, in medicine it is always better to be too optimistic than too pessimistic.

Heredity as a Factor in Disease.

How rudely our cherished ideas are getting shaken up of late! And how disestablished do our well-established facts become! For a long time heredity has been considered as one of the most important factors in the etiology of disease; but now, "heredity as a factor in disease is receiving almost daily another push into the abyss of old theories." While there will be few rash enuf to deny altogether the importance of heredity still it must be admitted that it is coming to be considered as of secondary importance. The German National Commission appointed to investigate the subject of cancer, reports that heredity as a factor in that disease may be disregarded altogether. This perhaps will not be so surprising, because the number of physicians who believe in the hereditary nature of cancer is com-

paratively small. But tuberculosis! This has always been considered one of our most hereditary diseases; nevertheless, communications denying any hereditary influence in tuberculosis are quite frequent of late. For instance we abstract the following from the Russian journal, *Vratch*. "Dr E. E. Miller has investigated the subject of the hereditary influence of tuberculosis. In 71 successive cases treated by him during a period of four years only 11 (15.5 per cent.) gave a history of tuberculosis in one or both parents. The author therefore believes that hereditary transmission of tuberculosis, or even of a predisposition to tuberculosis, is a medical myth. He says if we collected statistics of any other disease, say, measles, whooping-cough, typhoid fever, etc., we would find a much larger percentage of the same disease in the parents. Nevertheless, we do not speak in those diseases of hereditary transmission. Taking into consideration the wide dissemination, the universality of the disease, it would be curious, if not only in 15 but even in 50 per cent. of all tuberculous patients one of the immediate parents or grandparents had not been suffering with consumption."

The Vital Force Theory.

Is life, as we see it, simply the result of physical and chemical changes, or is there a special force, a special power, which we can never hope to analyze? Up to about 1828 nobody questioned the existence of a special vital force which produced peculiar vital phenomena and peculiar substances termed organic in contradistinction to inorganic substances. The first blow to the vitalistic theory was delivered by Wöhler when he produced urea—a substance which up to that time it was thought could be produced by an animal organism only—artificially from ammonium cyanate. The numerous synthetic compounds which were then produced in rapid succession served to further weaken the vital force theory, and beginning with the sixties that theory was discredited by the best thinkers.

During the past decade a reversion to the vital-force theory has made notable progress among many earnest thinkers. The physico-chemical theory does not seem to give full satisfaction. It is interesting to hear what a noted physiologist has to say on this return to favor of the vitalistic theory: "The revival of the vitalistic conception in physiological work," said Prof. Halliburton, in an address to the British Association for the advancement of Science, "appears to me a retrograde step. To explain anything we are not fully able to understand in the light of physics and chemistry by labeling it as vital, or something we can never hope to understand, is a confession of ignorance, and what is still more harmful, a bar to progress. It may be that there is a special force in living things that distinguishes them from the inorganic world. If this is so, the laws that regulate this force

must be discovered and measured, and I have no doubt that those laws when discovered will be found to be as immutable and regular as the force of gravitation. I am, however, hopeful that the scientific workers of the future will discover that this so-called vital force is due to certain physical or chemical properties of living matter which have not yet been brought into line with the known chemical and physical laws that operate in the inorganic world; but which, as our knowledge of chemistry and physics increases, will ultimately be found to be subservient to such laws."

Such an attitude in reference to vital problems appears to be infinitely preferable to that which too many adopt of passive content, saying that the phenomenon is vital and there is an end of it. When a scientific man says this or that vital phenomenon cannot be explained by the laws of chemistry and physics, and therefore must be regulated by laws of some other nature, he most unjustifiably assumes that the laws of chemistry and physics have all been discovered. He forgets, for instance, that such an important detail as the constitution of the proteid molecule has still to be made out.

Eating By Chemical Rules.

It is nice to know just what per cent of proteid, carbohydrate and fat our food contains and how many calories a given quantity of food will yield. But in the case of normal men with normal appetites, who work at least a part of the time in the open air—as all men should—the chemistry of food is an unnecessary nuisance. We believe that the normal appetite is a safer guide than the theoretical dicta of such an infantile and capricious science as physiological chemistry. By the way, do you remember that in the days of Liebig proteid was the real stuff, carbohydrate being anathema; now proteid is the cause of all our troubles. Isn't moderation in all things the best and safest rule?

The Discovery of Atropine.

The second, third and fourth decades were memorable ones in the history of medical chemistry. It was during that period that the existence of the most important "active principles" was demonstrated and that many alkaloids were isolated. The following extract from the *London Lancet* of 1824 will prove interesting, as showing that, while atropine was isolated in a state of purity in 1833 (by the German apothecary Mein), its existence and properties were known quite a few years before. (And by the way, the the definition of an alkaloid given at that time holds fully good at present—"an organic alkaline substance which can neutralize acids and form with them salts capable of crystallization, and possessing very powerful properties"):

"Dr Runges, professor at the University of Berlin read a memoir on a new method of detecting the narcotic principle of the atropa belladonna, hyoscyamus niger, and datura stramonium in cases of poisoning by those plants. These substances, applied to the eye, have the property of dilating the pupil, and Dr. Runges, by examining the extracts and pharmaceutical preparations from medicinal plants, as well as a great number of substances derived from the animal kingdom, has ascertained that the property of dilating the pupil is peculiar to the above-mentioned plants. His method consists in boiling the stomach or intestines of the animal poisoned by those vegetable substances, evaporating the aqueous solution to the consistency of an extract, and applying it with a camel-hair pencil to the eye of an animal. He prefers performing this experiment on the cat, because the form of its pupil affords a better opportunity of witnessing this phenomenon.

He subjected the blood and urine and animals poisoned to the same process, but he could only demonstrate the presence of the narcotic principle in the urine. The property of dilating the pupil, peculiar to these plants, depends on a chemical principle, each of them containing an organic alcaline substance, which can neutralize acids, and form with them salts, capable of crystallization, and possessing very powerful properties. This chemical principle has been named *koromegine,* from its power of dilating the pupil."

Healthy Hands.

No other part of the physician's body requires greater attention than his hands. Their integrity must be absolute. The least scratch, cut or abrasion may ruin a physician's career, causing life-long sickness and suffering or even death. The profession at large is probably not aware of the fact that one of the world's greatest surgeons—whose name is familiar to every physician—contracted syphilis in one of its most virulent forms on account of a little abrasion on a finger. That disease nearly brought his useful career to an end; and he never got over the effects entirely. Several years ago at the meeting of the American Medical Association, Dr. Bulkley reported the case of a physician under his treatment who contracted syphilis in a similar manner. The consequences were so severe that the case deserves to be recorded here as a warning: Dr. ——, aged forty-seven, injured the skin near the nail of the right index finger, with a small nail cleaner, and very soon after the part was exposed while treating a chancre of the vulva. A few weeks later there was a slight sore on the end of the finger, under the nail, which in a week or two became a rather painful, small ulcer. The nature of the trouble was not suspected until a general macular eruption appeared, and under anti-syphilitic treatment the eruption disappeared very promptly and the finger healed; at

the same time the severe general malaise, with fever, ceased. Five or six months later subjective symptoms appeared again, but as there were no external manifestations of syphilis, the cause was not suspected, and specific treatment was not used. For the two years following the patient was miserable, long periods of rest and much treatment for the stomach and other troubles being necessary. There was a severe and steadily increasing pain in the lumbar region, and about eighteen months after the finger was infected he found it difficult to go up and down stairs and to get into a carriage; the patient's legs dragged and he felt weak and tired, and yet there was no suspicion of the cause, it being all attributed to overwork.

After retiring one night, two years after the infection, he became delirious and for the following five days was insane. It there was an increasing motor disturbance in the lower limbs, and in June, when attempting to leave the bed, the lower limbs were found to be paralyzed; this paralysis lasted for about five months. Power in the limbs then returned very slowly and he can now walk with difficulty with the aid of two canes, but he cannot stand for more than a minute. The bladder and rectum are both partly paralyzed, requiring the use of the catheter and high rectal injections. Under active, mixed treatment, his condition improved.

Reports of cases of physicians contracting syphilis and other diseases in an innocent manner are entirely too frequent. We therefore say whenever a physician is to examine a suspicious case, he should make *sure* that his hands are in perfect condition. One of the best ways to make sure is to wash the hands thoroly with acetic acid or vinegar; the least abrasion will be detected by smarting. The physician can then protect the point with collodion—or preferably iodoform-collodion, or with some aseptic varnish. Or he can wear rubber gloves.

The Council of Pharmacy and Chemistry.

Our editorial on the Council in the June issue has excited considerable comment and discussion. It seemed incredible that the condemnation of a product, a matter which is of such importance to the physician as well as to the manufacturer, should frequently depend upon one man's work or opinion. It seemed incredible that the majority of the members of the Council should have no knowledge of the articles passed or disapproved in spite of the fact that the profession at large takes the reports as the unanimous opinion of the entire Council. However, it is so! And we repeat with all the emphasis of which we are capable, that the majority of the members of the Council do not know what is being done in their name, and that in case of approval or of condemnation of a product they do not personally investigate the merits of the case. In short, the entire work is done by three or four irresponsible men—irresponsible because anonymous—

and the names of the other members of the Council are merely used to add weight to the reports. That such a bureaucratic situation is intolerable, nobody will deny. Whether abuses have crept in may be open to question; but there can be no question that under such circumstances abuses are *liable* to creep in. We must avoid the *possibility* of temptation, and we therefore again demand that the reports be signed by the people who actually perform the analyses, and we would suggest that all the fifteen members of the Council take a greater interest in the work and do not allow themselves to be used as merely ornamental figureheads —or even as catspaws.

More openness, more frankness, more personal responsibility in the Council's work! The time for star chamber proceedings has passed—never to return again, let us hope.

And now let us rest for the Summer.

And now let us drop the U. S. P., the N. F., the Physicians' Manual, let us drop all medical journals, good, bad and middling, let us try to dismiss from our minds the fakirs, the bigots, the zealots, let us try to forget the pettiness, the unkindness, the uncharitableness, the hypocrisy of this slightly crazy, and more than slightly cruel, so-called civilized world, and let us go and commune with Nature. Mother Nature will heal all your wounds, if you have not yet entirely lost the ability to relax and to rest confidingly on her bosom. I know a picturesque little village in picturesque little Switzerland situated on the very brim of a picturesque lake, whose waters are cold, blue and mirrorsmooth, where the air is pure, fresh and bracing and where the eternal snow-capped giant mountains inspire you with awe and teach you—if you are still capable of listening to Nature's teachings—the futility and fatuity of much of our hustle, bustle and struggle. And to this village we will hie, and we will rest and we will sail daily on the smooth waters of its lake, and we will take long walks and excursions and we will climb the Alps; later we will travel and again visit the various European clinics and—*deo volente*—we will come back rejuvenated and recuperated to work again, to fight again, to become exhausted again.

Such is life.

Is the game worth the candle?

That depends. To some it is worth a thousand candles. To some it is not worth a tallow-dip.

The Fourth of July.

We sail on the morning of the 4th of July, and our great regret is that we will thus be deprived of the exquisite pleasure of having our drum membranes ruptured and our brain succussed by our savage, barbarous, bedlamic method of celebrating our greatest National holiday. And think of the agonies of those sick

abed. And then count the killed, the maimed, the blinded and the lockjawed. Are not there enough men in this country to put a stop to this idiotic and criminal method of disgracing a great holiday?

All those patriots who think that there can be no celebration without this infernal noise, without firecrackers, pistols and cannons should take a trip to France and Switzerland. They will see how the effete Europeans celebrate their National holidays, and perhaps the idea will penetrate their minds that the object of a holiday is joy and pleasure, and not pain and suffering.

Pavlov and Ehrlich.

Pavlov—whose name is correctly written and pronounced Pavlov and not Pawlow—and Ehrlich are two of the world's greatest investigators. The former's researches in the physiology of digestion and the latter's studies in immunity are known even to educated laymen. We have the profoundest respect for their great erudition, their untiring industry and their sincere unselfish devotion to the cause of science. But as their labors are supposed to be in the interests of medicine, I should be sincerely thankful to any one who would tell me what exactly their painstaking and life-long researches have contributed to the *treatment* or rather to the *cure* of disease. In what respect is a patient of to-day better off that he would be if those two men had not labored at all? The question is asked in all sincerity, and we shall be happy to print any answer we may receive.

Enormous Cyst.

In the *Gazzetta degli Ospedali* there is reported an interesting case, with photographs, of a woman with an immense ovarian cyst. The woman plus cyst weighed 205 pounds. She was helpless. She was operated upon and the cyst upon removal was found to weigh more than the woman did—namely, the cyst weighed 113 pounds and the woman (minus her cyst) 92 pounds. We wonder what effect Christian Science, Mental Science, New Thought, *et id omne genus*, would have had on this case.

Fortunate is he who has succeeded in discovering a new method of treatment or a new remedy. But he who tried a drug carefully and found it wanting, has not labored in vain, either. He saves other investigators a lot of useless labor, and, as Sir Banks says, it makes us feel comfortable in our minds in the knowledge that one path of information has been looked into, has been found wanting, and may be walled off.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Membranous Tonsillitis.

Lewis S. Somers outlines the following local and general treatment of membranous tonsillitis, other than diphtheric and syphilitic. Inasmuch as the tonsils form a part of the alimentary canal it is well to open the bowels as soon as the patient is seen, by the administration of small broken doses of calomel, followed by a saline. In the robust adult tincture of aconite will reduce the temperature and lessen the pharyngeal discomfort; it should be given in five minim doses every hour until the physiologic effect is obtained, and then the same dose given at longer intervals depending upon the temperature and condition of the patient. In less robust individuals tincture of belladonna is preferable, in doses of 2 to 4 minims every two or three hours until the throat becomes dry, when the symptoms will be alleviated and oftentimes the disease will be aborted, if seen early.

When the symptoms are exaggerated and the headache and muscular pains dominate, salol given in five grain doses is very efficient. Somers thinks that this, or some form of the salicylates, is the most efficient single remedy that we possess in the treatment of these forms of tonsillitis, but in order to obtain prompt results it is necessary to give large doses at frequent intervals, often as much as five grains every hour for several hours being necessary before the general symptoms subside. Phenacetin, antipyrin, etc., should not be employed in either the streptococcus or stapyhlococcus varieties, on account of their depressing effect on the heart and the tendency in these forms of tonsillitis to the development of grave complications or serous membranes, especially those of the heart, even in apparently slight cases. On account, furthermore, of these sequelae and the prostration that is apt to develop at a later stage, it is well to keep the patient in bed until the temperature is normal or until the other symptoms of general toxin poisoning have disappeared.

Locally Somers recommends a gargle of hydrogen dioxide diluted with equal parts of sterile water, every hour where there is much membrane, two or three times a day in mild cases. In adults a five per cent. solution of salol in alcohol often gives excellent results as a gargle, but this is not suitable for children. If the membrane is limited in extent, it should be removed, with as little force as possible, and the tonsils and adjacent parts mopped with peroxide, followed by a 10 to 20 per cent. solution of some organic silver salt. Silver nitrate, this author says, coagulates, is irritating, and is not as efficient a bactericide.

The formation of membrane may often be prevented, if taken in time, by the application to the tonsil of pure guaiacol, or by removing the exudate and applying the following mixture to the crypts once a day for two or three days:

Menthol.	gr. xx
Guaiacol.	dr. ij
Glycerin.	dr. ij
Alcohol.	dr. v

When there is great inflammation, a tablet of orthoform dissolved in the mouth every few hours as required, will go far toward relieving the distress. When, on the other hand, there is not much active inflammation, but thick adherent membrane, with a tendency to a chronic course, the application of formalin every one or two days is very good treatment.

Saline Purgatives.

The late Dr. Matthew Hay, from a thoro and masterly research into the action of saline purgatives, elaborated the following set of principles concerning them:

1. A saline purgative always excites more or less secretion of the alimentary canal, depending upon the nature and strength of the salt.

2. This secretory action of the salt is due to the bitterness as well as the irritant and specific qualities of the salt, and not to osmosis.

3. The low diffusibility of the salt impedes the absorption of the secretion.

4. Between stimulated secretion on the one hand and impeded absorption on the other, there is an accumulation of fluid in the bowel.

5. The accumulated fluid, partly by gravity and partly by peristalsis, reaches the rectum and produces purgation.

6. Purgation will not ensue if water be withheld for one or two days, and the salt given in concentrated form.

7. The absence of purgation is due, not to absence of water in the bowel, but its absence in the blood.

8. Under ordinary conditions the accumulation of fluid in the bowel is about equal to the quantity of water required to make a five or six per cent. solution of the salt.

9. If, therefore, a solution of the salt of this strength be given, it does not increase the bulk of fluid in the bowel.

10. But if a stronger solution be given the volume rapidly increases to the stated amount. In case of a twenty per cent. solution, the maximum is reached in about an hour and a half.

11. After the maximum has been reached the fluid gradually diminishes.

12. Ceteris paribus, the more voluminous the solution given, the more rapidly is the maximum quantity of fluid in the bowel is reached.

13. Unless the salt is stronger than ten per cent. it excites little or no secretion in the bowel.

14. The salt does not excite purgation when injected into the blood.

15. The sulfate of sodium exerts no poisonous action when injected into the circulation.

16. The sulfate of magnesium, on the other hand, is extremely poisonous when so injected, paralyzing first the respiration, then the heart, and abolishing sensation.

17. Both salts, when administered in the usual manner, cause a gradual, but well marked increase in the tension of the pulse.

18. The increase of fluid in the bowel is accompanied by a corresponding extraction of fluid from the blood.

19. The blood recoups itself by extracting fluid from the tissues.

20. Saline purgative removes considerably more inorganic matter from the blood than organic matter.

21. The normal constituents of the urine are not affected by the saline purgative.

22. The salt has no specific action in reducing the internal temperature of the body, but decreases the absolute amount of body heat.

Acute Pelvic Inflammation.

In acute pelvic inflammation, characterized by sharp tearing pains in the lower abdomen, Skene advises rest in bed in the most comfortable position; regular administration of opium or morphin in sufficient doses to relieve pain, given per rectum if necessary; absorbent cotton saturated with equal parts tincture of belladonna and glycerin applied hot and covered with rubber cloth; 10 to 15 gr. quinin on the first day of inflammation; sips of hot or ice-cold water for thirst.

If the lower intestine is loaded, employ a rectal injection of

Magnesii Sulfatis. ..... oz. iij
Glycerin
Aquae aa ..... oz. ij

repeated as needed until the bowels move, then 5 grains of sodium phosphate every three or four hours.

When all acute symptoms have subsided and there is no evidence of pus or serum collected in the pelvis, apply small blisters repeatedly in the iliac regions (one on each side), or paint the roof of the pelvis with tincture of iodin, or keep up a continual irritation with the following:

Ol. Tiglii. ..... oz. j
Etheris. ..... oz. ij
Tr. Iodi. ..... oz. iil

painted over the lower abdomen and repeated as soon as the eruption disappears.

During convalescence give nourishing food, quinin, iodid of iron, and mercurials. The greatest care is necessary to prevent a relapse. All exercise that causes pain must be avoided. Absorption is promoted and adhesions lessened by pelvic massage.

In chronic pelvic congestion Roussel recommends the following:

Magnes. Sulf. ..... oz. j
Ferr. Sulf.
Mangan Sulf.
Ac. Sulf. Dil. aa..... oz. ij
Aquae Destil. ..... oz. iv
Sig.: A tablespoonful in water before breakfast.

Principles of Treatment in Dysentery.

Yeo lays down the following cardinal principles of treatment in cases of dysentery:

1. To relieve the pain and tenesmus in acute cases. For this purpose he recommends the use of enemata consisting of 15 minims of laudanum to 1 ounce of cold mucilage of starch. If preferred a hypodermic injection of morphia gr. 1-6 may be substituted. In either event, it is to be remembered that it is only a temporary expedient for the relief of a distressing symptom.

2. To avoid all irritation of the inflamed mucous membrane. To this end the patient must keep absolutely at rest, in all but the very slightest cases, in bed. He must pass his motions into a bed pan and not be allowed to go to the water closet. The abdominal surface may be gently rubbed with opium liniment and hot flannels kept applied to it. Hot water bottles should be kept at the feet and the patient made thoroly warm with blankets.

3. To remove foul accumulations and arrest putrefactive processes in the bowels. In short, intestinal antiseptics, in which Yeo is a firm believer. He offers one of two methods of doing this, (a) by gently acting aperients, which will sweep away toxic and putrid material from the intestine, and (b) by irrigation, or washing out the intestine with cleansing or antiseptic fluids. As soon as the severity of the pain and tenesmus has been allayed by morphia or opium, this indication should be thoroly and fearlessly met.

As an aperient Yeo recommends sulfate of magnesia used in the following manner: One dram dissolved in half an ounce of water to be given every hour until the motions become fecal, and continued less frequently for twenty-four hours. After the disappearance of the symptoms, the remaining diarrhea is to be checked by bismuth and opium.

As a effective irrigant, he advises a solution of borax, 5 grains to the ounce, or of borax and bicarbonate of soda, 5 grains

of each to the ounce, with a few drops of spirits of camphor or tincture of eucalyptus. The irrigation, which should always be carried out by the physician himself, should be made with the patient lying on his back, with the hips raised, and the injection introduced slowly, under low pressure. From three to four pints is as much as can be safely introduced into an adult at a time, desisting whenever pain is complained of, and resuming cautiously.

4. To promote a restoration of heathy action in the diseased mucous membrane. This is best effected by the use of some astringent. Yeo recommends the following prescription:

Doveri Pulv.	gr. v.
Magnes. Carb. Lev.	gr. v.
Muc. Gum. Trag.	dr. j.
Infus. Simarubae	oz. j.

To be given twice or three times a day.

5. To correct any morbid septic agency in the blood. This is an indication which is too frequently overlooked and neglected. Yeo endorses MacLean's plan of giving 20 grains of quinine in solution (Yeo suggests in lemon juice) and then quinine and ipecac alternately until the characteristic effects of both drugs is seen. In chronic malarial cases arsenous acid gr. 1-50 or sodium arsenate gr. 1-12 gradually increased, should be given two or three times a day.

6. To support the patient's strength by nutritious food. Not much can be done in this direction, of course, during the earlier stage of the trouble, but as soon as the acute stage is over and the appetite and digestion is somewhat restored, a fairly liberal diet should be allowed, including eggs, whipped up with boiling water, and a little nutmeg and brandy and cold milk added; pounded sweetbread or chicken, finely divided raw meat, clear soup, and thin cocoa.

Mineral Baths in Chlorosis.

Van Noorden points out that the virtue of all the mineral waters used for bathing purposes depends entirely upon the contained carbonic acid, and it does not matter whether the other substances in the water be iron or sodium chlorid. On account of their excellent effect upon the general condition they are among the most useful agencies for the treatment of chlorosis. They possess the property of stimulating the nervous system, without subsequent relaxation, to a much more marked degree than the ordinary full bath or even the brine bath, and they are able to quiet any excessive irritability.

Van Noorden utters a warning, however, that caution must be used in severe cases, as patients are not infrequently attacked by dyspnea, palpitation, and even by dizziness while in the bath, due to the fact that the air over the water contains a large amount

of carbonic acid. This has no bad effect upon a healthy person, but chlorotics, who have difficulty in obtaining sufficient oxygen for their tissues under the most favorable conditions because of the diminished quantity of hemoglobin in their blood, suffer badly from the high percentage of carbonic acid in the inspired air. They are not only in danger of becoming unconscious (a rare occurrence) but for several hours after the bath they remain in a state of anxious excitement. This undesirable feature of the bath is to be avoided by covering the tub and thoroly ventilating the bath room.

No iron-clad rule can be laid down as to the number of baths to be taken, and considering the widely different ways in which various individuals are affected by the bath it is extremely unwise for a physician to attempt to regulate this point from long range. It must be adjusted to the capacity of the patient. The average limit is from three to four baths a week; five baths a week is an exception. The duration of the bath should be from ten to fifteen minutes, at a temperature of 87 to 90 F. After the bath the patient should lie down and rest, not, as is so often wrongly recommended, take a half hour's walk after the bath.

Pruritus Ani.

Chas J. Drueck recommends the following as an ointment in cases of pruritus due to eczematous conditions:

Thymol	gr. ij.
Pulv Zinc. Stear.	dr. iv.

When the patient is about to engage in excessive exercise, such as working or walking, where he is likely to aggravate the condition, he should apply this ointment to the parts before the effort, and bathe them promptly afterward with cold water, being careful to dry them thoroly. Frequent ablutions of cold water give great temporary relief in these cases. In fleshy individuals, and those who perspire freely, Drueck advises carbolic acid solution 1/2 per cent. or permanganate of potassium 1-5000 as a lotion to be used in the daily toilet.

In eczema marginatum the parts are to be bathed thoroly with warm water and soap, dried carefully with a soft cloth, and dilute sulfuric acid applied. It is painful for a short time, but afterward gives great relief. Tincture of iodin may be used instead.

When the pruritus is due to proctitis, hemorrhoids, fissure ulceration, fistula, prolapse, or polypus, and the patient either refuses or is unfit for surgical treatment, Drueck advises the following application:

Calomel	gr. xxx.
Menthol	gr. xx.
Petrolatum	oz. j.

Sig. Apply after each bowel movement, after bathing the surface and drying carefully.

If there is much pain, cocaine hydrochloride gr. x may be substituted for menthol; when hemorrhoids are the cause unguentum gallae or tincture of iodin will relieve the itching.

Treatment of Acne Vulgaris.

Of the external applications in this disease Sutton, writing in the Therapeutic Gazette, recommends lotions as the cleanest and most pleasant to use. In the milder types he finds the following prescription very satisfactory:

Zinc. Sulf.	gr. xxx.
Sulf. Precip.	
Potass Sulfur. aa	dr. j.
Aquae q. s.	oz. iv.

This must be dispensed in a dark bottle, and care must be taken that the sulfuretted potash is fresh and not dried out. The mixture is to be well shaken and applied with a cotton swab night and morning.

In severer types of acne all of the ingredients of this mixture should be increased. The effect is stimulating, astringent, and antiseptic. After carrying the superficial inflammation thus set up to a point of exfoliation, a soothing remedy, such as the ordinary rosewater ointment, should be substituted.

In the deeply indurated forms of the disease, where the face is studded with small abcesses, the treatment must be far more energetic. Sutton advises opening the pus sacs with a narrow-pointed bistoury, squeezing out the contents, and mopping out the cavities with a tiny cotton swab dipped in pure carbolic acid. He speaks against the use of the Paquelin cautery and the microbrenner of Unna.

He recommends that the face should be thoroly scrubbed with hot water and green soap once daily, and if many blackheads are present, hand sapolio once or twice a week. A coarse brush aids in the removal of the exfoliating epidermis. After drying, a strong solution of the zinc and sulfur lotion mentioned above should be applied, or Vleminckx solution, consisting of 20 parts sulfur, 10 parts quicklime, and 200 parts water boiled down to 120 parts in an iron pot, diluted from one to five times with water.

Sutton condemns the use of the various ointments containing sulfur, resorcin ichthyol, and naphthol, as being sticky, dirty, and disagreeable to use.

Carbonic Acid in Nasal Therapeutics.

Chaney, in the Detroit Medical Journal, extols the virtues of carbonic acid in the treatment of diseases of the nasal and naso-pharyngeal passages. He says it is impossible to exaggerate the

gratifying effects of a nasal CO_2 douche in children, especially in naso-pharyngeal diphtheria, in which it surpasses by far the irrigations and syringings that are so disagreeable and not altogether free from danger. While children will struggle and rebel against the irrigator and syringe they like the gas application so much that they will ask for it again. The nose is cleansed of the accumulated matter, and the little patient is able to breathe thru his nose. Dr. A. Rose thinks that patients treated for some time by the CO_2 douche lose the vulnerability of the Schneiderian membrane, and are not sensitive to rhinitis during cold weather.

Joal, the French physician, explains the therapeutics of the gas by asserting that it acts as a vaso-constrictor, as an anesthetic, and as an antiseptic. When the gas is brought in contact with the nasal mucous it produces at first a pricking, but quite tolerable, sensation, followed by an agreeable refreshing effect of warmth and dryness. There is reduced sensibility, so that cauterization will cause no pain, and then follows an excitation of the nerve ends, causing vaso-motor dilatation and glandular hyper-secretion. After this, nervous activity becomes exhausted, the vessels become constricted, and again anesthesia occurs. The best results are observed in the treatment of hyperesthetic rhinitis, especially in that form which characterizes hay fever. According to Joal, carbonic acid gas is to be regarded as a remedy of the first order in the initial stages of an ordinary rhinitis, and as an ameliorative agent in all stages.

Acute Nephritis in Children.

Laurence C. Swan, in the Annals of Gynecology and Pediatrics, lays down the following therapeutic rules for acute nephritis in children:

Elimination of water from the tissues, indicated in uremia and dropsy. For this purpose he advises hot packs which he regards as more useful in children than hot air baths, as unless the child is unconscious it is difficult to keep it in an air bath long enuf to get results. Moreover, hot packs are less uncomfortable. The child should be wrapped in a blanket and put into a tub of water at 105 to 110 F., left there for fifteen or twenty minutes, then taken out, wrapped in a dry warm blanket, and kept surrounded by heaters for half an hour to an hour. He considers pilocarpin dangerous, because of its tendency to cause edema of the lungs, but nevertheless insists that in emergencies it should be used subcutaneously in doses of 1-20 grain for a child of five years.

Elimination of toxic substances by catharsis. He recommends as a routine the procuring of one or two large loose stools per day, for which he advises compound jalap powder and elaterium. If the child is unconscious one must use Croton oil or elaterin subcutaneously.

Stimulation by high rectal enemata, of saline solution at a temperature of 108 F. It supplies fluid to the depleted tissues, and is one of the most valuable agents available for increasing elimination by the kidneys and skin.

In extreme conditions of uremia, which milder means do not relieve, Swan thinks that venesection ought by all means to be practiced, drawing from three to six ounces of blood from a child of five years. The depressing effect is to be met by immediately following the venesection with an intravenous injection of normal salt solution equal in volume to double the quantity of blood drawn. A pulse of high tension is the surest indication for venesection. As a substitute for venesection, he suggests nitroglycerin 1-200 grain every hour until effect is produced.

Nervous symptoms are to be controlled by chloral and bromide per rectum. In recurrent convulsions it may be necessary to give morphine hypodermically. Sulfonal and trional are contraindicated.

The author warns against diuretic drugs, which only lash the kidneys into action and do more harm than good.

Chinosol.

In chinosol we possess a most remarkable substance—powerfully antiseptic and germicidal and yet non-toxic. We cannot think of any other substance that is much stronger in antiseptic power than carbolic acid and at least as strong as bichloride of mercury (corrosive sublimate) and still possesses practically no toxic properties, and can be given internally in doses of 15 and 30 grains and over. The stupendous work on chinosol recently done by the Lederle Laboratories—1674 bacteriological and animal experiments—have fully and completely confirmed the claims made for chinosol by the numerous bacteriologists and health officials in Germany, and we wish to go on record with the statement that he who denies, or tries to cast doubt on the remarkable antiseptic, disinfectant, and non-toxic properties of chinosol, is either an ignoramus or has interested motives.

In view of the numerous suicides and accidental deaths caused by carbolic acid it would be well to forbid its sale to the laity entirely and for all purposes as an antiseptic and disinfectant, this fearfully toxic substance as well as mercuric chloride could well be replaced by the non-toxic chinosol.

In the above statements we do not base ourselves exclusively on the reports of the German Boards of Health and other authorities, high as those are, but on our personal experience, which has been quite extensive. We have used it very extensively as an antiseptic, as an irrigating fluid for the vagina and bladder, in the form of suppositories etc., etc., and its efficiency and non-toxicity are in our opinion beyond question.

The average strength of chinosol solutions for ordinary purposes is 1 to 1000 (one tablet to a quart of water). It is well to remember that alkalies (and soap is an alkali) and metallic salts are incompatible with chinosol.

Every day Lessons from Every day Practice.

By CHAS. A. L. REED.

"Just Sour Stomach."

"Why, Doctor, I thought it was just sour stomach," protested the fairly panic-stricken medical attendant when I arrived after a hurried motor ride of twenty and more miles.

But let me tell the whole story as I got it.

Some eight or ten years ago a stalwart farmer of forty or thereabouts went to his physician.

"Doctor, I've got an awful attack of sour stomach," he said.

The diagnosis having been made for the doctor, the doctor evidently did not care to go beyond it.

Then, too, the probabilities were that it was correct.

For there are more sour stomachs in America than there are other functional disturbances of all the other organs of the human body combined.

And generally it's the very simplest thing in the world to get rid of—at least for the time being. A purgative, a little bicarbonate of soda, with a restricted diet for a day or two, and the thing is done.

And so it seemed to be in the case of this good farmer.

The treatment appeared to work, and the patient repeated it on his own responsibility from time to time—an example of the danger of telling your patients what you are giving them, however simple it may be.

But at more or less distant intervals an attack more severe than the preceding ones would send him back to the physician. At such times the sufferer would complain of a boring pain in the right upper quadrant, made worse by eating, and sometimes, an hour or two after meals, he would vomit his food, the emesis coming on suddenly and without premonitory nausea.

Then the doctor would look wise, give him some calomel tablets, and, by way of explanation, would say:

"Your secretions are perverted; here's something that will alter all that."

Or on some other occasion the explanation would be modified:

"You're bilious; I'll give you something to act on your liver," was the explanation.

And then the patient got the same thing—calomel tablets—only the dose was a little larger, with possibly some alkali.

Several times his gums were tender, and once he had a flow of saliva following this treatment.

And thus it went on for year after year, sometimes better, sometimes worse, until one time, after the leaves had fallen and the fodder was in shock, the good patient, a little better than he had been for some time, went into the field with the boys to shuck some corn.

He had been working for an hour or two, proud of his ability to make a full hand by the side of the husky youngsters, when he suddenly felt weak and paused. Then he went on again, shucked an ear or two, when he felt still weaker. Then he came to a sense of nausea, and he sat down by the side of the next shock. A minute later his nausea increased and he vomited—yes, vomited, not only his partially digested breakfast, but great quantities of bright, red, warm blood. He was too weak to call; for everything was first dim, then dark, and the sounds seemed far away. Then came oblivion.

"Do you know me, father!" were the first words that he heard.

As he opened his eyes he saw his eldest son looking eagerly and tenderly into his face.

"Where am I!" feebly inquired the stalwart man looking about him, alarmed to feel that he was bereft of his strength.

"At home, dear," said the tender wife. "The boys brought you in. Now, now, you mustn't talk. We've sent for the doctor; he'll be here soon!"

Then the poor man closed his eyes again; the pallor on his countenance increased; his lips seemed bluer than they were, and his hands were cold and clammy.

But he was quiet—so quiet!

'I'm sick," he suddenly cried, as he rallied his old-time strength and raised himself on his elbow. His eyes stared and he looked frightened. He emptied his stomach with a conculsive effort. A crimson stain was on the counterpane; the wall was spattered with blood, and so were the carpet and the chairs. The panic-stricked family, as they gathered about the great pool, were dumb with consternation.

The patient sank heavily on his blood-soaked pillow. He breathed quickly, then sighed—and did both while he slept.

The doctor arrived.

"My goodness!" he exclaimed, "what's all this mean?"

The story was told as only such stories can be told at such times—told with great meanings crowded into little words and into looks that flashed their portent before the little words could be spoken, told while the doctor searched for a pulse that he couldn't find.

"We must have consultation; quick to the telephone!" commanded the doctor.

Then he went to work. The pillow was taken away; the foot of the bed was elevated; a messenger was dispatched three miles for ice to put to the pit of the stomach; some adrenalin was permitted to trickle down the patient's throat and some was given hypodermatically; the emergency bag that the doctor always carried with him was brought out and a saline infusion was given within five minutes.

"Ah, he's coming!" exclaimed the doctor, as he again felt the pulse and detected its flickering beats.

Then for the next hour everything was done that the doctor could think of to coax the bleeding artery to stop its errant tide. The patient had rallied some and seemed hopefully restless.

Then suddenly came another awful pallor, another awful gush, one that seemed to ensanguine everything and everybody. The pallor deepened into ashiness, the wild stare of the eyes became glassy under the drooping lids, the convulsive jaw relaxed, the last flicker of the pulse died away, and again the patient fell back, this time with a gurgle in his throat, to sleep beyond awakening.

Ten minutes later I arrived.

When the story—the whole story—had been told to me by the distressed doctor I asked him:

"How many attacks in all did he have during the years you had been treating him?"

"Oh, probably fifteen or twenty bad ones; he was always grunting."

"Did you at any time examine the stomach contents?"

"No; I didn't think it necessary; I thought he just had sour stomach."

"Did you ever wash out his stomach?"

"No; he seemed to get on pretty well on bicarbonate of soda."

"How extensive did you ever find the area of gastric resonance?"

"Why, I don't know's I ever looked for it."

"Did you ever give him a rest-cure, with milk or cream diet?"

"No; I didn't think it was necessary; he always seemed able to get around; he always had a good appetite and liked 'most everything to eat."

"Then to-day is the first time this patient ever impressed you with the idea that he had an ulcer of the stomach?"

"Yes, I believe it is; once or twice I thought he might have it, but it all passed over."

As I was about to leave the doctor led me to a more distant part of the dooryard, looked around, then stepped behind a cedar tree and looked again. Then he came a little closer, and speaking in a low, steady, earnest, almost pleading, voice, said:

"Doctor, I wish you'd go in and tell the family that I did everything that could be done."—Lancet-Clinic.

Metheylene blue is best administered in capsule form with small doses of powdered nutmeg and extract of belladonna. In this way stangury can generally be avoided. A proper combination would be: methylene blue, 2 grains; powdered nutmeg, 1 grain; extract of belladonna, 1/6 grain.

AMERICAN MEDICAL EDITOR

The Vegetarian Fad.

In spite of the plausible arguments of the vegetarians in favor of a diet for man which shall consist alone of vegetable food, we still advocate a mixed diet in the belief that it is not alone more appetizing and wholesome, but the best calculated to fortify one against many types of disease and to prepare him to most successfully combat disease when encountered. It has been shown that a diet of vegetables entails extra work upon the functions to procure the necessary protein: to maintain the nitrogen balance. It is true that vegetables contain large proportions of protein. It is necessary, however, to consume great quantities of vegetable substances in order to obtain a sufficient amount of protein. This overfeeding will in time bring about a dilatation of the stomach and other gastrointestinal disorders, for the proteins obtained from vegetables differ from those from an animal diet, and absorption; besides persons subsisting upon a pure vegetable diet in time lose their strength as well as mental vigor. If persisted in it lessens the power to resist disease. Because of the greater bulk and the large amount of fibrous cellulose which compasses the vegetable cells, ready access of the intestinal liquids to the cells delays and prevents their digestion and absorption.—*Diet & Hygien. Gazette.*

Pharmacology at Home and Abroad.

Without wishing to belittle in the least the immense value of bacteriologic work in connection with the discovery of new remedies, and recognizing how much more may be expected of this line of investigation (especially in the most important branch of medicine—prevention), it is still true that in the treatment of disease, whether for relief of cure, ordinary drugs form the chief resource of physicians. The importance of even diphtheria antitoxin is small in comparison with that of such drugs as quinin and the anesthetics.

What is the medical profession of this country doing to encourage research in drugs and the thorough teaching of what is already known concerning them? Almost nothing. Eminent clinicians discourse on the uselessness of drugs, except, of course, chloroform, ether, cocain, quinin, mercury, morphin, digitalis, the iodids, etc.—drugs without which Naunyn declared he would not care to be a physician. These exceptions are treated very much as though they were special gifts of Providence and that similar gifts are not expected in the future.

Drugs are too often judged by one criterion: "Will they cure a disease?" Most drugs will not, but their use may lead directly to the saving of life. Antiseptics have cured few people; ether and chloroform may have never cured a single patient. But the use of antiseptic drugs led to antiseptic, and aseptic, surgery; it is difficult to believe the latter would have been developed even at the present time, except for the former. Antisepsis or asepsis, and anesthesia have made possible modern surgery, of the achievements of which we are never weary of boasting. Looked at from a broad standpoint, it must be admitted that the use of these two classes of drugs has contributed materially to the saving of hundreds of thousands of lives.

While the ultimate aim of medicine is the prevention and cure of disease, physicians are in the meantime compelled to devote most of their energies to the relief of disease. All of these activities are inextricably united to each other, however; thus hexamethylenamin may not only cure a case of cystitis but prevent the spread of typhoid by destroying the organisms in the urine.—*Jour. Am. Med. Ass'n.*

That there are serious grounds of complaint against a considerable section of the medical profession cannot be denied, and we appreciate Mr. Bok's kindly intention in reminding us of that fact, though it was perhaps hardly necessary.

We feel, however, that he has to some extent let his enthusiasm in a great cause lead him into unguarded exaggeration. That some "eminent physicians" may on occasion be misled into placing too great trust in the assertions of the manufacturers, whose claims they can scarcely be expected personally to investigate in detail, we do not doubt, but we are also sure that they are few in number, their lapses only very occasional, and their number on the decrease instead of on the increase. The lay and professional world rarely estimate professional eminence along the same lines, and not infrequently many pass with the public for "eminent" who might be better termed merely "well-known."—*Jour. Am. Med. Ass'n.*

Thrice blessed is the man, physician or follower of any other calling, who has not lost his faith in the innate honesty of his fellows. It is a splendid asset to still believe that if men are crooked and dishonest, it is conditions, false values or mistaken ideas that have led them astray rather than, say—"malicious animal magnetism."

It must be admitted that one's faith in humanity is often shaken, but to surrender one's optimism is always a calamity, and cannot fail to lower one's ideals and aspirations.

The principal obligations of medical men to-day are to look up, climb up, and lift up; to build and not to destroy; to seek and foster the good as well as to seek and eliminate the bad; and finally to have no flexible standards of virtue and right. Such *being the case, the* need of the hour concerning the problems of

materia medica requires not the destructive work of the anarchist, nor the nihilist, but the broad, liberal, up-building policy of the constructionist. In other words, in developing a better, more logical condition of affairs in the practice of medicine the evils in this as well as in the collateral branch of pharmacy will be recognized and consigned to an inevitable oblivion.

We must be big enough and broad enough to realize that the more we know about drugs the better they will serve us, and when they fail to accomplish what we desire, it is because we have used them not wisely nor well. Hasty condemnation is an evidence of weakness and a sad paraphrase on our vaunted usefulness as medical men. It is the better part to seek to learn thru our failures, to pick up the strands of even half successes, and with intelligent effort strive to get each day a little nearer the coveted goal of positive results. Such a spirit is the spirit of optimism, which, shrouded in failure to-day, may stand forth to-morrow in the full bloom of therapeutic success. It is the doctrine—not of *nihil est*—but of *nil desperandum.—Am. Medicine.*

Teaching Gynecology.

West suggests a union of medical colleges into a medical university under the control of the state, which should assign to public hospitals according to the number of their beds a certain proportion of medical students in their fifth year, and by placing work now done by nurses, such as taking pulse and temperature, and administration of massage, hydrotherapy, in the hands of the medical students in their last year, the hospitals might diminish the number of nurses, greatly increase the number of internes, and carry out useful forms of treatment which under our present system are almost neglected. The need of post-graduate schools at present is enormous. Their proper function consists in bringing before graduates the latest procedures and refreshing their minds on the most improved methods of diagnosis and treatment. *J. A. M. A.*

Abstractability.

Abstractability is not in the Standard Dictionary, but a little circumstance like that does not stand in the way of our using the word when we get good and ready, and then maybe it will be in the next edition. Its abstractability is a good test for an essay or paper on any subject; and just here, extremes meet. The non-abstractability of a paper means either one or two things; first, that the paper is so full of meat that to further condense it would be to omit some essential; or, second, that it is so full of words, words, words, that to squeeze out the non-essentials would be to leave nothing at all. Abstractable papers are of various kinds, but having made our main point we shall pursue the subject no further.—Druggists' Circular, March, 1908.

Unpardonable Sins.

1. We have opposed the growing tendency, supported by "authority," toward therapeutic nihilism and have urged the earnest scientific study of drugs with a view to their intelligent application in the treatment of disease. The sentiment of the just now dominant element of the politics of the American Medical Association being against this idea, we stand guilty.

2. We have opposed the indiscriminate application of surgical measures to all diseases where the slightest excuse for such intervention could be devised; mainly on the ground that there was "no medical treatment of such affections." Since surgery is the dominant element of the medical profession to-day, and our teachings are aimed directly at the surgical pocket, irritating and rendering hyperesthetic the financial nerve, we stand guilty.

3. We have, to a greater extent than all other interests combined, rendered it easy for the physician to obtain and dispense his own drugs without necessary recourse of subservance to the pharmacist. We believe in the doctor's right to dispense his own medicines if he wants to do so. We believe he should be privileged to prescribe or dispense as he wishes and that he is entitled to give what he chooses and thinks best for the case in hand. Again we stand guilty.

4. By our uncompromising denunciation of pharmaceutic houses furnishing dope for quackery, by aid of which, while profiting the manufacturer, the quack is able to take the bread from the doctor's mouth, we have incurred the bitterest hostility of certain pharmaceutic houses who are reaping harvests of money from this trade, while at the same time they are posing, urged and supported, as the "only proper supply houses" of the medical profession. We stand guilty.

5. We have uncompromisingly opposed whisky; especially urging upon the physician the fact that there are, in the resourses of the active principles, means of meeting every emergency in practice which is met, tho not so well, by the application of alcohol. In this we have dealt King Alcohol one of the worst blows that has yet been administered to him. This interest having a high hand in this type of pharmacy and controlling no small part of it, we have won its uncompromising hostility. Guilty? We surely are.

6. We have refused to bow our heads in meek and lowly self-abnegation, and to accept, unquestioningly, the dicta of certain "authorities," who are highly affronted at our refusal to admit their superiority and abjure our own beliefs.

7. We have insisted that physicians as physicians, and we as physicians, are better qualified to judge of the needs of other phycians than are ordinary pharmaceutists, who, being entirely outside of the medical profession, cannot possibly have such an intimate knowledge of our needs. Guilty again.

8. While admitting the importance and value of laboratory methods, we have insisted that the clinician is also an observer, whose work is worthy of credence; and it is, in fact, essential to make even the laboratory conclusions of practical value. The laboratory men, who know nothing whatever of clinical medicine, and care less, naturally resent this as a rebellion against their authority, and here also we have been unfortunate enough to tread on some very tender corns. Rebellion? Guilty? If this be right, we glory in the treason of our thought and the sinfulness of our purpose to continue in our guilty ways.

As heinous as all this may be, we are fully conscious that these are only a part of our misdeeds; but surely the list is enough to condemn us in the eyes of all those whose interests we have interfered with, and there are a good many.

Still there are others; and as these others comprise nine-tenths of the mass of the medical profession to-day, and as these largely stand our self-constituted, untrammeled and openly avowed friends, we are content to rest our case in the hands of this just jury.—*American Journal of Clinical Medicine.*

The Archives of Diagnosis.

Better late than never. We should have noticed this journal, which is an important addition to periodical medical literature long before this, but as just stated, better late than never. This journal, edited by Heinrich Stern, and published quarterly, is devoted to diagnosis and prognosis and contains a wealth of original articles, besides a review of the literature of the world on the cognate subjects. Each number contains over one hundred pages of text and no advertisements. The subscription price is one dollar per annum and the publication office is at 250 West 73d street, New York. The journal is well worth subscribing for.

* * *

This is an age of consolidation. The Medical Bulletin has become consolidated with Sajous' Monthly Cyclopedia and the publication bears both titles. Prof. Shoemaker remains one of the editors and the first consolidated issue contains his important address delivered before the American Therapeutic Society, entitled Therapeutics in the Light of Ecology. This paper is well worth a careful perusal.

We should frankly face the fact that we do not yet know nearly all that is to be known about cancer, even in its clinical aspects. The pessimistic attitude of the profession in regards to malignant disease is an obstacle to progress not only in treatment but also in knowledge. Sir. James Paget insisted strongly that practitioners should even in the worst cases continue to fight to the end. Despair in the practitioner breeds despair in the patient; and this drives the latter, not unnaturally, into the hands of the quacks.—*British Medical Journal.*

An April Night in a California Canyon.

Editor CRITIC AND GUIDE:

Is there any joy purer than that of spending a night in the woods in the early spring when we have not slept on Nature's bosom for many months? We wonder why we have lived so long cooped up between four walls and shut away from the pure air, the vitalizing sun, and all the beauty of Nature.

I have pitched my camp on a flat sandy spot beside a little rocky pool. In front and at my back rise the protecting walls of the canyon almost as vertical as those of a house; while overhead arch the leafy branches of a great spreading bay-tree. I have cooked my camp supper, replenished my fire, spread my blankets close beside it, and now I lie writing by the fading twilight. As I see the darkness creep down into the canyon, I feel no sense of fear or strangeness; rather do I feel that I have come back home, home to Mother Earth, and she is putting me to bed in a cosy little chamber all my own. I call this canyon "Imprisoned Canyon", because I have tried again and again in vain to scale its walls. Surely one is safer in such a natural fastness than in a house where robbers may rob or murder and fire may burn.

Further up the canyon, at the first of seven wonderful pools and falls, I saw a bob-tailed lynx or avocet the last time I was here. I was lying out flat and quite naked sunning myself on a rock at the top of the fall, when for some unaccountable reason I got up and saw Mr. Avocet walking up the path at the foot of the fall. I hate to think how surprised I should have been if I had not seen him until he reached the top of the fall right opposite me! He was stalking along head down with a preoccupied air as tho worrying over the hard times or domestic difficulties. I daresay he had never seen man in his natural state before, for when he looked up and spied me he stood and stared in evident astonishment at this new pinkish brown animal till a movement by me made him jump with one bound into the nearest thickest.

I thought of camping to-night on the spot, but decided I would not presume to invite myself on such short and sudden acquaintance.

It is now after seven and quite dark, tho the southern sky still shines faintly. I write by the flickering camp-fire, which dimly lights the trunks of the trees and the opposite cliff, and leaves the pool a pool of darkness. I saw some wild-flowers

across the brook, and on going across to pick them, I caught a reflection of my camp-fire in the pool which startled me; I thought for a brief second I was looking into a lighted cave.

The little waterfall will lull me to sleep with its soothing monotonous tinkle. The last bird's good-night call has ceased. I lay me down on the warm dry sand and look up thru the thick leaves to the quiet stars, knowing that there is no danger of rain in this golden climate. The fire dies down; the opposite cliff and tree-trunks disappear, now complete darkness shuts me in; I turn on my side, draw the blankets closer around me, and go to sleep.—William L. Holt, M. D.

Sydenham Hospital.

Editor CRITIC AND GUIDE:

In your May issue you rather severely commented on the management of the Sydenham Hospital. Investigation will convince you that your information came from prejudiced and biased persons, or to be more definite, from soreheads. Like all young charitable institutions, particularly hospitals, Sydenham has had uphill work in establishing a proper Esprit de Corps.

It has a lay board of directors who are most indefatigable in their efforts to place the institution on a proper and efficient basis and to obtain the necessary income to support the larger and modern institution, which will be supplied by the new $500,000 building, which Mr. Isaac Guggenheim has promised to donate and which he will do as soon as he is convinced that the same will be properly supported. This seems to have been the casus belli.

Many physicians have been anxious to connect themselves with the Institution believing that shortly it would be one of the great hospitals of the city, and desiring to obtain the advantages and prestige which the affiliation would give them.

All your readers who are either of the medical profession or related thereto, know that the sources of support for such institutions include dues, voluntary contributions, memberships and income derived from pay patients, who occupy private rooms and private wards. The pay patients necessarily come and go to an institution of this kind only on the recommendation of their family physician or the physician who is about to treat them and who recommends hospital care and nursing.

These physicians have admitted that the Board of Directors had a perfect right to look to the medical staff to provide private patients, but whether for want of practice of lack of interest in the Institution, they utterly failed to make such provision. Further, a number of former members of the Medical Staff, it appears from correspondence on file, have presumed to dictate to the Board of Directors and have attempted to make the lay board a subordinate body.

It must be admitted that the lay board in an institution like this has no other than purely philanthropic motives and can derive absolutely no advantage or benefit, except the self-consciousness of helping to relieve suffering humanity from sickness or physical injury. On the other hand, the benefits to the Medical Staff in addition to increased practice, experience and prestige are manifold.

A glance at the last annual report of Sydenham will give an idea of the charitable work it is doing. This report will be gladly mailed on application by postal or otherwise.

In addition to the regular hospital service which provides 80 beds there is a dispensary at which thousands are treated annually free of charge. Also an outdoor district and ambulance service.

It seems that some physicians who were formerly connected with the institution, but who when the Board of Directors insisted that they do their duty, found they were unable to and, therefore, felt compelled to retire, feel disgruntled and whenever they have the opportunity, speak disparagingly of Sydenham and try to injure its reputation.

Correspondence on file in Sydenham between the Board and Medical Staff, prove that the Directors demanded from the members of the Medical Staff only that they furnish private patients.

It is evident that these doctors wanted simply to be connected with the Institution, so, that when it became famous, they would be on the ground floor, but they were unwilling or unable to aid in making the institution great, and when the Board of Directors insisted that they should, they became disgruntled soreheads, and now, in a mean and narrow way are attempting by the circulation of false statements to get revenge. In our opinion it would be more dignified and becoming to these members of the profession who have been affiliated with the Institution to refrain from discussing it if they are not disposed to speak well thereof.

We feel justified in adding that before very long Sydenham will be an Institution of which the community may well be proud.

At the present time it is exceedingly prosperous, all the charity wards being filled and its private rooms and wards being occupied as well. The Medical Board consists of excellent men and all are striving in harmony with the lay board to make Sydenham Hospital the greatest of its kind in the city, and we are sure they will succeed.

INTERNATIONAL CLINICS.—Volume 1, 18th Series, 1908.

We have frequent occasions to review the International Clinics, and all we can say is that this volume is up to the usual high standard. Among the valuable contributions are papers by A. L. Benedict, Jean Dardel, Sir Dyce Duckworth, James C. Wilson, Lawrason Brown, etc.

Dr. Overall's "Book".

Editor CRITIC & GUIDE:—Permit me to offer a slight criticism of one of your advertisements. Your advertising pages are so clean, the products therein advertised are so free from objection that it is a pity to see even a single fraudulent or merely objectionable ad. I refer to Dr. Overall's book, entitled "The Non-Surgical Treatise of Diseases of the Prostate and Adnexa," which the author is pleased to style "the book of the nineteenth century." How you can carry the advertisement of that book is past understanding. I examined it and to me this ungrammatical jumble seems nothing but a quack advertisement for the doctor, similar to the booklets that the quack venereal specialists distribute among boys; only a little bigger. Dr. Overall, the author, shows ignorance of the anatomy and physiology of the region he treats, and I trust that not many physicians were induced by the advertisement in your journal to throw out $2.00 for that quack advertisement. For your own sake and for the sake of your readers this advertisement should be kicked out.

With best wishes for the success of the CRITIC & GUIDE which is doing such an immense amount of good in brushing away the cobwebs from the people's minds, I am,

Yours very truly,

A. L. GOLDWATER, M. D.

We fully agree with Dr. Goldwater, and we sincerely apologize to our readers for the appearance of the ad. of Dr. Overall's book in our journal. We confess that we had not examined the book before accepting the ad. which came to us without any solicitation on our part. It has not been considered necessary to be as particular about the character of a book as about the character of a medicinal product. No patient's life is at stake and the worst that could happen would be the loss of $2.00. Up to recently no books appeared which were merely masked advertisements for their authors. In the future, however, one will have to be more careful with books also. We, at least, do not wish our readers to waste their money on worthless books. Our readers may be sure that Dr. Overall's ad. will not appear again, altho his contract has not yet expired.

"Two obstacles have always been in the way of the progress of medicine: authorities and systems. Authorities may be referred to for certain observations and thoughts, but the self-conscious man follows them only when they (the authorities) offer him a guarantee of their ability to observe and think properly, and even then only so long as their observations and ideas do not conflict with his own observations and ideas. All authority must, therefore, be a relative one only; it *may guide* our observation and judgment, it must never dictate them. His own (the physician's) senses and thoughts must be his supreme, highest, authorities!" —*Virchow.*

Book Notices

GLIMPSES OF MEDICAL EUROPE.—By RALPH L. THOMPSON, M. D. Illustrated from photographs and drawings. J. B. Lippincott Company, Philadelphia, 1908. Price, $2.00.

We spent a pleasant hour in glimpsing thru Dr. Thompson's Glimpses of Medical Europe. Apparently Dr. Thompson's liver is in good order, his digestion is normal, the Weltschmerz has not touched him very deeply and he therefore looks at things thru slightly roseate glasses and his pages are tinctured thruout with a clean, light humor that is very pleasing. Occasionally Dr. Thompson becomes flippant—so much the better for him. It is a good thing to become flippant once in a while: we are all but children, and morose pedantism leads to arteriosclerosis.

Most of the places described by Dr. Thompson we have visited a number of times and we gladly testify that the author's perspective is a correct one: it is so much like our own.

To the physician who wishes to go to Europe for courses of instruction the book will prove not only interesting, but valuable and instructive as well.

DISEASES OF THE BREAST WITH SPECIAL REFERENCE TO CANCER. —By WILLIAM L. RODMAN, M. D., LL. D., Professor of Surgery in the Medico-Chirurgical College of Philadelphia, and in the Woman's Medical College of Pennsylvania; Surgeon to the Med.-Chir. Hospital, etc., etc. With 59 plates (12 in colors) and 42 other illustrations. 358 pages. $4.00 net.

This is a magnificent work. The illustrations, both in black and in color, are simply perfect. The text is remarkably clear and concise, and no surgeon or physician can fail to derive great benefits from a careful perusal of it. The former will become more perfect in the technic of the operative procedures, the latter in diagnostic and symptomatic points.

WOMAN. A TREATISE ON THE NORMAL AND PATHOLOGICAL EMOTIONS OF FEMININE LOVE.—By BERNARD S. TALMEY, M. D. Second enlarged and improved edition. Practitioners' Publishing Co., 55 W. 126th street, New York. Price. $3.00.

Psychopathia sexualis will always remain—to us at least—an intensely disagreeable subject, but the earnest physician has no right to close his eyes to things merely because they are disagreeable. Dr. Talmey has done his work well and has produced a volume of real value to the earnest seeker after information. To the physician who has occasion to treat sexual disorders and to the medico-legal expert such books are invaluable; to the laity *they as a rule* do nothing but harm.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00 - Single copy, 25c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. XI NEW YORK, AUGUST, 1908 No. 8

A Symposium on Humanitarians.

INTRODUCTION.

In his younger days, the editor of the CRITIC & GUIDE was a passionate lover of symposia. It always afforded him pleasure to note the widely different and diametrically opposed opinions which members of the same species and the same genus could entertain about the same subject. The editor's son apparently inherited this love for symposia. Some time ago, he decided to conduct a Symposium on Humanitarians. He addressed a number of letters to thinking people of more or less public character, asking them to name their ten favorite humanitarians of the 19th century; in other words, the ten men of the 19th century who did most for humanity. His endeavor was to collect the opinions of people of different professions, different beliefs, different social status, etc. The replies came in in a most satisfactory manner. It is, however, to be noted that the replies were furnished more readily and more cheerfully by big people than by small potatoes. The latter were "too busy."

Most of the lists were accompanied by explanatory letters which make interesting reading, but, as space forbids, we must be satisfied with printing only a few of them. A perusal of the list is certainly interesting and furnishes abundant food for thought. It shows how differently we think and how differently we feel. Thus, for instance, *we* consider Nicholas II,

Czar of Russia, one of the cruelest and foulest of bloodthirsty tyrants that have ever disgraced the earth. The blood shed by his order would fill an ocean; the prisons, dungeons and mines are filled to overflowing by the noblest men and women of Russia, the agonies and tortures that he causes to millions of people are absolutely beyond description, and one would think that no two opinions could exist concerning the status of such a man—or rather beast; and yet, one of the contributors to the Symposium gives his name in his list of humanitarians. This is certainly a funny world.

Tho the Symposium is not a medical one, still I believe our readers will not object to its appearance in the pages of the CRITIC & GUIDE. July and August, I have always maintained, should be devoted to light literature, and I believe the Symposium will prove at least as interesting and as useful, as, say, an article on the treatment of typhoid fever, without the least vestige of an original idea or suggestion, and which has been rehashed for the five thousandth time from some text-book or periodical.

With the exception of the physicians, which are first in order, the list of contributors is arranged alphabetically.

W. J. R.

PREFACE.

"Name your ten favorite humanitarians of the 19th Century." To this request I have received answers from one hundred contributors. At first I asked more or less obscure people, but when I found that editors of 4-page journals with three and a half subscribers, and lecturers who vented their eloquence on empty benches, were "altogether too busy," I directed my question to more important individuals and with better results.

Of course, I took absolutely no liberty with any of the lists, and I now print whatever was sent. Where more than ten names are submitted, I used the first ten. However, I asked for humanitarians of the *19th* century, and consequently could not use lists which named Diogenes, Socrates, Columbus, Jesus Christ, Saint Paul, Martin Luther, Washington, etc.

Since Thomas Paine died in 1809, he belongs practically to the 18th century, and I tried hard to keep him out, but he crept in, in a few instances.

Neither, for obvious reasons, have I included the following interesting selection which was humbly submitted to me by our struggling dramatic critic named Alan Dale:

1. Lydia Pinkham.
2. Mary Baker Eddy.
3. Dr. Munyon.
4. Beecham of the Pills.
5. *P. T. Barnum.*

6. Charles Frohman.
7. Laura Jean Libbey.
8. Beefsteak John.
9. Painless Parker.
10. Tony Pastor.

From many of the contributors I have received very splendid comments which I hope to publish later.

To the contributors who were kind enough to answer a difficult question, I herewith give my best thanks.

VICTOR ROBINSON.

ABRAHAM JACOBI, a revolutionist of 1848, who came to America with Carl Schurz, is the foremost and best known physician in this country; a voluminous writer and a public spirited citizen. His list is as follows:

1 *Napoleon.* 2 *Wilberforce.* 3 *Peabody.* 4 *Semmelweis.* 5 *Virchow.* 6 *Darwin.* 7 *Haeckel.* 8 *Pasteur.* 9 *Stephenson.* 10 *Morse.*

See also his explanatory letter in this issue.

SOLOMON SOLIS COHEN is one of our leading physicians. He is also a writer of beautiful poetry—a rare thing for a medicus. He is Professor of Clinical Medicine at Jefferson Medical College, and has edited *A System of Physiologic Therapeutics* in eleven volumes:

1 *Lincoln.* 2 *Henry George.* 3 *Montefiore.* 4 *Father Damien.* 5 *Garrison.* 6 *Hugo.* 7 *Ruskin.* 8 *Heine.* 9 *Kossuth.* 10 *Tolstoy.*

WOODS HUTCHINSON, author of *"The Gospel According to Darwin,"* is well-known as one of our brainiest physicians. His articles in our popular magazines have attracted much attention:

1 *Darwin.* 2 *Carlyle.* 3 *Browning.* 4 *Huxley.* 5 *Whitman.* 6 *Pasteur.* 7 *Cobden.* 8 *Kipling.* 9 *Lincoln.* 10 *Virchow.*

BURT G. WILDER, who is Professor of Neurology and Vertebrate Zoology in Cornell University, is one of the most eminent anatomists in the world. He has a better collection of brains than any man in this country:

1 *Beecher.* 2 *Carnegie.* 3 *Cornell.* 4 *Darwin.* 5 *Edison.* 6 *Garrison.* 7 *Lincoln.* 8 *Pasteur.* 9 *Wagner.* 10 *Booker Washington.*

WILLIAM JAMES MORTON is the son of the Dr. Morton, who first used ether as an anesthetic, and who has deservedly received votes in this symposium. The son is a well-known New York physician:

1 *Berthelot.* 2 *Langley.* 3 *Kelvin.* 4 *Metchnikoff.* 5 *Becquerel.* 6 *Roentgen.* 7 *Pasteur.* 8 *Faraday.* 9 *Lister.* 10 *W. T. G. Morton*

GEORGE F. BUTLER, a prominent Chicago physician, professor of therapeutics, author of well-known text-books; has also written some pretty good poetry:

1 *John Conolly.* 2 *Dorothy Dix.* 3 *C. W. Long.* 4 *Dr. W. T. G. Morton.* 5 *Horace Wells.* 6 *Sir James Simpson.* 7 *Lord Lister.* 8 *George Peabody.* 9 *Sir Robert Peel.* 10 *Lord Shaftesbury.*

EDWARD BLISS FOOTE, a veteran liberal, whose death at the age of 77—a few days after sending me his list—was much mourned by the reformers. In 1860, he received his M. D., and for 20 years published *The Health Monthly.* His medical works, which were all written for the laity, sold in great quantities. For an account of his life and work, see the pamphlet published for free distribution by his son, Dr. Edward B. Foote, 120 Lexington ave., New York City:

1 *Darwin.* 2 *Spencer.* 3 *Paine.* 4 *Whitman.* 5 *Lincoln.* 6 *Ingersoll.* 7 *Bradlaugh.* 8 *Garrison.* 9 *Theodore Parker.* 10 *Henry Bergh.*

DENSLOW LEWIS, a well-known Chicago physician who deserves credit for his vigorous fight on our stupid Anglo-Saxon prudery in sexual matters:

1 *Lincoln.* 2 *Willard.* 3 *Tolstoy.* 4 *General Booth.* 5 *Pasteur.* 6 *Mrs. Stowe.* 7 *Ruskin.* 8 *Queen Victoria.* 9 *Dwight L. Moody.* 10 *Nightingale.*

WILLIAM F. WAUGH, associate editor of the *American Journal of Clinical Medicine,* a naval surgeon in the Civil War, Emeritus Professor of Practice, and strong advocate of active principle therapy:

1 *Darwin.* 2 *Lecky.* 3 *Spencer.* 4 *Emerson.* 5 *Huxley.* 6 *Lincoln.* 7 *Roosevelt.* 8 *Bismarck.* 9 *Thomas Nast.* 10 *Edison.*

TITUS MUNSON COAN was born in Hawaii, where his father was a famous missionary. He studied medicine and became a naval surgeon under Admiral Farragut. After the War, he devoted himself to literature, and has written both prose and poetry. He has a place in Steadman's *American Anthology:*

1 *Nicholas II of Russia.* 2 *J. H. Noyes.* 3 *Pasteur.* 4 *Darwin.* 5 *Auguste Comte.* 6 *Spencer.* 7 *Ingersoll.* 8 *Lister.* 9 *Huxley.* 10 *Tyndall.*

MONTAGUE R. LEVERSON was the family physician of Henry George. Henry George, Jr., in his *Life of Henry George,* speaks very highly of him:

1 *Henry George.* 2 *Hahnemann.* 3 *A. Bechamp.* 4 *Florence Nightingale.* 5 *Mazzini.* 6 *Garibaldi.* 7 *Pianciani.* 8 *Garrison.* 9 *Wm. White.* 10 *Tolstoy.*

WALLACE C. ABBOTT, whose name is synonymous with alkaloids, is editor of *The American Journal of Clinical Medicine;* in conjunction with Prof. Waugh he has written and published several text-books on therapeutics, practice of medicine, etc.:
1 *Pasteur.* 2 *Lister.* 3 *Dr. Morton.* 4 *Darwin.* 5 *Lincoln.* 6 *Garrison.* 7 *Mrs. Stowe.* 8 *Emerson.* 9 *Carlyle.* 10 *Wagner.*

WILLIAM COLBY COOPER, formerly editor of *The Medical Gleaner,* not content with worshipping Aesculapius, has dipped into philosophy and poesy, producing at least one supremely exquisite lyric, *Irene:*
1 *Lincoln.* 2 *Emerson.* 3 *Carlyle.* 4 *George Eliot.* 5 *Goethe.* 6 *Dickens.* 7 *Darwin.* 8 *Spencer.* 9 *Haeckel.* 10 *Huxley.*

R. W. SHUFELDT, a physician, has done much research work in ornithology and sexual psychology. He is one of the finest photographers we have. He has written considerably over 1,000 monographs and articles:
1 *Darwin.* 2 *Huxley.* 3 *E. D. Cope.* 4 *Ingersoll.* 5 *Virchow.* 6 *Pasteur.* 7 *Thomas Paine.* 8 *S. F. Baird.* 9 *John Fiske.* 10 *John Stuart Mill.*

WILLIAM J. ROBINSON, editor of *Critic and Guide, Therapeutic Medicine, The American Journal of Urology* and *Altruria:*
1 *Lincoln.* 2 *Walt Whitman.* 3 *Spencer.* 4 *Darwin.* 5 *Huxley.* 6 *Heine.* 7 *Karl Marx.* 8 *Victor Hugo.* 9 *Auguste Comte.* 10 *Garibaldi.*

ALEXIS ALADIN was expelled from the University of Kazan for taking part in the labor movement. Later he was arrested and sentenced to four years' solitary confinement, to be followed by eight years' exile in Archangel. He escaped, but later took advantage of the czar's amnesty manifesto, and returned to Russia. He was elected to the first Duma, and became the great leader of its Group of Toil. He showed himself an orator of such force, that altho elected to the second Duma, the Government would not permit him to take his seat. He arrived in America, February, 1907, and traveled here with Nicholas Tchaykovsky, lecturing on conditions in Russia:
1 *Pasteur.* 2 *Anatole France.* 3 *Lincoln.* 4 *Darwin.* 5 *Gladstone.* 6 *Hemholtz.* 7 *Canova.* 8 *Meunier.* 9 *Mendeleyeff.* 10 *Ibsen.*

CHARLES ALEXANDER is the Negro editor of a journal bearing his own name, published in the interests of the colored race. He looks at the race problem from an optimistic standpoint:
1 *Spencer.* 2 *Carnegie.* 3 *Edison.* 4 *Huxley.* 5 *Darwin.* 6 *Draper.* 7 *Ingersoll.* 8 *Horace Seaver.* 9 *Josiah Mendum.* 10 *Hugh O. Pentecost.*

CHAMPE S. ANDREWS, for many years lawyer for the N. Y. County Medical Society, is a lawyer who has done much excellent work in exposing medical frauds and quacks. He has written on the subject to good effect:
1 *Samuel Smiles.* 2 *Darwin.* 3 *Lincoln.* 4 *Ibsen.* 5 *Dickens.* 6 *Mark Twain.* 7 *Florence Nightingale.* 8 *Zola.* 9 *The Mikado.* 10 *Luther Burbank.*

HUBERT HOWE BANCROFT after a labor of 30 years completed his monumental *History of the Pacific States of North America* in 39 volumes. To write this book he collected a library of 40,000 books. He has written several other works and ranks with our greatest historians:
1 *Lincoln.* 2 *Benito Jaurez.* 3 *Morse.* 4 *Darwin.* 5 *Eliot* (of Harvard). 6 *Bismarck.* 7 *Wendell Phillips.* 8 *Spencer.* 9 *Jules Favre.* 10 *Garibaldi.*

CHARLES AUSTIN BEARD is a Socialist Professor of History in Columbia University. He is a splendid lecturer, and has written *The Office of Justice of the Peace in England,* and other books:
1 *Ruskin.* 2 *William Morris.* 3 *Mazzini.* 4 *Darwin.* 5 *Lincoln.* 6 *Marx.* 7 *Robert Owen.* 8 *Wendell Phillips.* 9 *John Stuart Mill.* 10 *Edison.*

WALTER R. BENJAMIN is the son of the poet, Park Benjamin. He is the editor of *The Collector,* and is known to all autograph hunters:
1 *Lincoln.* 2 *Garrison.* 3 *John Brown.* 4 *Booker T. Washington.* 5 *George Peabody.* 6 *Baron de Hirsch.* 7 *Carnegie.* 8 *Spencer.* 9 *Whitman.* 10 *Florence Nightingale.*

ALEXANDER BERKMAN, who shot at millionaire Frick, tried to commit suicide by chewing a cartridge, but was prevented by the police, and spent 14 years in prison. He now lectures on prison-life, and is connected with Emma Goldman in the publication of *Mother Earth,* the organ of the American Anarchists:
1 *Karl Marx.* 2 *Reclus.* 3 *Robert Owen.* 4 *Ibsen.* 5 *Louise Michel.* 6 *Malatesta.* 7 *Kropotkin.* 8 *Perovskaya.* 9 *Garrison.* 10 *Emma Goldman.*

AUSTIN BIERBOWER is a lawyer who has written books dealing with ethics and theology, among them *From Monkey to Man, The Virtues and Their Reasons,* etc.:
1 *Gocthe.* 2 *Lincoln.* 3 *Edison.* 4 *John Burns.* 5 *Emerson.* 6 *Montefiore.* 7 *Elias Howe.* 8 *Carnegie.* 9 *John Stuart Mill.* 10 *Frances Willard.*

HARRIOT STANTON BLATCH is the daughter of America's greatest woman, Elizabeth Cady Stanton, and like her mother she devotes her life to the cause of Woman Suffrage. She is a superb orator—one of the best I ever heard. She has enough brains to supply a dozen average men:
1 *Lord Shaftesbury.* 2 *Elizabeth Cady Stanton.* 3 *Garrison.* 4 *Morris.* 5 *Goethe.* 6 *Shelley.* 7 *Froebel.* 8 *Gladstone.* 9 *Darwin.* 10 *Morse.*

HYPATIA BRADLAUGH BONNER is the talented daughter of the great English Freethinker, Charles Bradlaugh. She has written much worth reading:
1 *Bright.* 2 *Buckle.* 3 *Canning.* 4 *Cobden.* 5 *Colenso.* 6 *Darwin.* 7 *Mill.* 8 *Owen.* 9 *Romilly.* 10 *Shelley.*

PLATON BROUNOFF, musician, pupil of Rubinstein. He is the founder of the Liberal Art Society, and has appeared before the public as a pianist, singer and lecturer:
1 *Darwin.* 2 *Spencer.* 3 *Marx.* 4 *Lassalle.* 5 *Engels.* 6 *Nekrasoff.* 7 *Ibsen.* 8 *Lincoln.* 9 *Tolstoy.* 10 *Kropotkin.*

LUTHER BURBANK is the magician of horticulture, the wizard of botany. His new creations in fruits, trees and flowers are miraculous. He is one of the few geniuses America has produced, and I am glad to say that he himself has received several votes in this Symposium:
1 *Lincoln.* 2 *Emerson.* 3 *Froebel.* 4 *Ingersoll.* 5 *Peter Cooper.* 6 *Diaz of Mexico.* 7 *Darwin.* 8 *Ruskin.* 9 *Edison.* 10 *Barnardo.*

PAUL CARUS, editor of *The Open Court* and *The Monist,* is the best philosophic writer in this country. He has written a whole library of books, embracing hundreds of subjects, all bearing the stamp of his great intelligence and vast knowledge. There is no riper savant in the New World than he:
1 *Goethe.* 2 *Schiller.* 3 *Beethoven.* 4 *Lincoln.* 5 *Darwin.* 6 *Liebig.* 7 *Pasteur.* 8 *Nobel.* 9 *Edison.* 10 *Ernst Mach.*

HERBERT N. CASSON is a well-known magazine writer and lecturer. His *Crime of Credulity* is excellent:
1 *Susan B. Anthony.* 2 *Elizabeth Cody Stanton.* 3 *Harriet Beecher Stowe.* 4 *Frances Willard.* 5 *Golden Rule Jones.* 6 *Wendell Phillips.* 7 *Lowell.* 8 *Beecher.* 9 *Ingersoll.* 10 *Walt Whitman.*

VOLTAIRINE DE CLEYRE is a brainy woman who would probably be better known if her writings were not almost exclusively Anarchistic. She has an excellent style and everything she

puts into print burns with the fire of revolt. Her poems are full of passion:

1 *Shelley.* 2 *Josiah Warren.* 3 *Sojourner Truth.* 4 *John Brown.* 5 *Sada B. Fowler.* 6 *Dyer D. Lum.* 7 *Louise Michel.* 8 *Gerald Massey.* 9 *Victor Hugo.* 10 *Kristofer Hansteen.*

INA DONNA COOLBRITH is known as the leading poetess of California. She is one of "The Golden Trinity,"—Bret Harte and Charles Warren Stoddard being the other two members. Her *Songs from the Golden Gate* have been much praised, here and abroad. During the earthquake at San Francisco, she lost everything, including her recent poems and a *History of California,* upon which she had worked over thirty years:

1 *Lincoln.* 2 *Browning.* 3 *Emerson.* 4 *Edison.* 5 *Marconi.* 6 *Gladsone.* 7 *John Hay.* 8 *Spencer.* 9 *Tolstoy.* 10 *Burbank.*

ERNEST CROSBY, who died shortly after sending me his list, was known as the Tolstoy of America. He was an ideal type of man. His early death is a calamity. He spoke splendidly, he wrote beautifully, he loved much and well. I could write a volume about him, and for this reason must say nothing now:

1 *Tolstoy.* 2 *Whitman.* 3 *Ed. Carpenter.* 4 *William Morris.* 5 *Garrison.* 6 *Lamennais.* 7 *Victor Hugo.* 8 *Shelley.* 9 *Thoreau.* 10 *Henry George.*

JOHN SHERWIN CROSBY, one of the best-known Single-Taxers, is an orator of great power. When he spoke at Henry George's funeral, the heavy-hearted mourners could not refrain from cheering loudly. He has written a book on *Government:*

1 *Jefferson.* 2 *Lincoln.* 3 *Garrison.* 4 *Henry George.* 5 *McGlynn.* 6 *Ingersoll.* 7 *Susan B. Anthony.* 8 *Dickens.* 9 *Froebel.* 10. *Mazzini.*

SINGLETON WATERS DAVIS, the editor of *The Humanitarian Review,* has at an advanced age written his longest work, *A Future Life?* Of course he views the question from a rational and scientific standpoint:

1 *Holyoake.* 2 *Garrison.* 3 *Ingersoll.* 4 *Florence Dixie.* 5 *H. L. Green.* 6 *C. W. G. Withee.* 7 *Eliza M. Bliven.* 8 *J. Howard Moore.* 9 *H. S. Salt.* 10 *T. B. Wakeman.*

EUGENE V. DEBS, the political leader of the American Socialists, who has been in the past and most probably will be in the the future their candidate for the Presidency, is one of the best-known public men in the nation. He was the leader of the great Pullman Car Strike, and was sentenced—without a *jury trial* or right of appeal—to six months in jail. He is a

highly lovable character, and embodies in his own personality a section of the Better Day:
1 *Ingersoll.* 2 *Whitman.* 3 *Marx.* 4 *Hugo.* 5 *John Brown.* 6 *Lincoln.* 7 *Wendell Phillips.* 8 *Frances Willard.* 9 *Darwin.* 10 *James Watt.*

HAVELOCK ELLIS, the learned author of *Studies in the Psychology of Sex,* is the world's foremost sexual psychologist. He is well-versed in other sciences, and has a thoro knowledge of literature. Among his works the *The New Spirit, The Criminal, Man and Woman.* He is not much known to the public, but it cannot be denied that he is one of the few great living Englishmen:
1 *Goethe.* 2 *Shelley.* 3 *Darwin.* 4 *Emerson.* 5 *Thoreau.* 6 *Whitman,* 7 *Carpenter.* 8 *Nietzsche.* 9 *Ellen Key.* 10 *James Hinton.*

CLINTON P. FARRELL, the brother-in-law and publisher of Ingersoll, has published exquisite editions of the wonderful Freethinker:
1 *Ingersoll.* 2 *Lincoln.* 3 *Girard.* 4 *Darwin.* 5 *Dr. C. T. Jackson.* 6 *Jenner.* 7 *Froebel.* 8 *Garrison.* 9 *Miss Anthony.* 10 *Mrs. Stowe.*

HARRISON GREY FISKE is the editor of *"The Dramatic Mirror,"* for which Ingersoll wrote his famous prose-poem on *Life.* He is the husband and manager of Minnie Maddern Fiske, who is usually referred to as the greatest American actress:
1 *Lincoln.* 2 *Morse.* 3 *Peter Cooper.* 4 *Montefiore.* 5 *Ingersoll.* 6 *Whitman.* 7 *Humphry Davy.* 8 *George Peabody.* 9 *Dr. Marion Sims.* 10 *Florence Nightingale.*

B. O. FLOWER is the editor of the well-known magazine, *The Arena.* Among his works are *The Century of Sir Thomas Moore, Whittier, Gerald Massey, The New Time, Civilization's Inferno, Lessons Learned from Other Lives:*
1 *Jefferson.* 2 *Hugo.* 3 *Mazzini.* 4 *Garrison.* 5 *Lincoln.* 6 *Ruskin.* 7 *Tolstoy.* 8 *Peter Cooper.* 9 *Dorothy Dix.* 10 *Samuel Howe.*

HAMLIN GARLAND is a popular novelist, poet and critic. An account of his life and work can be found in almost any textbook on American Literature:
1 *Darwin.* 2 *Spencer.* 3 *Hugo.* 4 *George Eliot.* 5 *Lincoln.* 6 *Grant.* 7 *Longfellow.* 8 *Whitman.* 9 *Henry George.* 10 *Tolstoy.*

WILLIAM LLOYD GARRISON is the well-known son of the glorious abolitionist. He is greatly interested in all reform movements, and is a publicist of the finest kind. Few men understand

stand and love freedom as he does, for he is a true libertarian:

1 *Hugo.* 2 *Mazzini.* 3 *Tolstoy.* 4 *Garrison.* 5 *Emerson.* 6 *Lincoln.* 7 *Wordsworth.* 8 *Henry George.* 9 *Susan B. Anthony.* 10 *Ruskin.*

EMMA GOLDMAN is by all odds the most famous anarchist in America. She has been arrested many times. The newspapers call her "the High-Priestess of Anarchy," "the Queen of the Anarchists," etc. She is a very brainy woman. Also a powerful orator. For the last couple of years she has been publishing *Mother Earth,* a readable anarchistic magazine:

1 *Louise Michel.* 2 *Reclus.* 3 *Kropotkin.* 4 *Breshkovskaya.* 5 *Albert Parsons.* 6 *Alexander Berkman.* 7 *John Brown.* 8 *Garrison.* 9 *Thoreau.* 10 *Vera Figner.*

JACOB GORDIN, the foremost Yiddish dramatist. Many of his dramas have been played with great success:

1 *Shelley.* 2 *Darwin.* 3 *Spencer.* 4 *Taine.* 5 *Renau.* 6 *Zola.* 7 *Emerson.* 8 *Hegel.* 9 *Marx.* 10 *Spielhagen.*

BOLTON HALL, the kindly Single Tax Fabulist, has written *Even as You and I, Things as They Are, etc.* His latest book, *Three Acres and Liberty,* reached its third edition within a short space of time, and for several weeks was one of the most popular works in the library. His very orthodox father, the Rev. John Hall, who preached to more millionaires than any other minister in the country, would not approve of the following list:

1 *Henry George.* 2 *Garrison.* 3 *Whitman.* 4 *Cobden.* 5 *Spencer.* 6 *William Morris.* 7 *Ed. Carpenter.* 8 *Tolstoy.* 9 *Kropotkin.* 10 *Hugo.*

MOSES HARMAN, for 25 years editor of *Lucifer* (recently changed to *Eugenics*), the most persecuted of all editors. He is a pure-hearted, old reformer who has long tried to educate the people along sexual lines. Especially has he proclaimed woman's right to her own body. For these crimes he has several times been imprisoned and condemned to hard labor. His last arrest occurred when he was over 75 years of age. When my request reached him, he was in a striped suit behind the bars. He was permitted to answer, and this is his list:

1 *Paine.* 2 *Hugo.* 3 *Emerson.* 4 *Darwin.* 5 *Bradlaugh.* 6 *Spencer.* 7 *Ingersoll.* 8 *A. J. Davis.* 9 *Whitman.* 10 *Tolstoy.*

SADAKICHI HARTMANN, a Japanese-German, is a unique character with certainly a touch of genius. Some of his writings

are exquisitely beautiful. Readers of *Altruria* are acquainted with some of his short stories. Among his works are, *The Japanese Conception of Poetry, Buddha, A History of American Art, Conversations with Walt Whitman, Schopenhauer in the Air, Shakespeare in Art:*

1 *Whitman.* 2 *Hugo.* 3 *Tolstoy.* 4 *Proudhon.* 5 *Bakunin.* 6 *Ricardo.* 7 *Comte.* 8 *Robert Owen.* 9 *Lord Kelvin.* 10 *Froebel.*

ALMON HENSLEY has written in verse, *A Woman's Love Letters,* and a larger volume called *The Heart of a Woman.* Perhaps this superb stanza is her best, tho many are excellent:

I am no saint niched in a hallowed wall
For men to worship, but I would compel
A level gaze. You teachers who would tell
A woman's place I do defy you all!
While justice lives and love with joy is crowned,
Woman and man must meet on equal ground.

1 *Lincoln.* 2 *Browning.* 3 *Emerson.* 4 *Mill.* 5 *Spencer.* 6 *Tolstoy.* 7 *Queen Victoria.* 8 *Livingstone.* 9 *Pasteur.* 10 *Sir James Simpson.*

HENRY HOLT is one of the leading publishers of America. He is also a highly intelligent author, and the works which he has himself written deserve careful study:

1 *Spencer.* 2 *Darwin.* 3 *Pasteur.* 4 *Edison.* 5 *Bell.* 6 *Lincoln.* 7 *Emerson.* 8 *Tennyson.* 9 *Thackeray.* 10 *Beethoven.*

ARTHUR HORNBLOW is the author of the *"Theatre Magazine,"* the best of the dramatic journals. He has translated and written a number of books:

1 *Lincoln.* 2 *Gladstone.* 3 *Tolstoy.* 4 *Jenner.* 5 *Ingersoll.* 6 *Montefiore.* 7 *Hugo.* 8 *Roentgen.* 9 *Stevenson.* 10 *Dickens.*

JAMES E. HUGHES is the editor of an infidel paper, *The Blue Grass Blade,* whose former editor, C. C. Moore, was imprisoned for blasphemy:

1 *Girard.* 2 *Ingersoll.* 3 *Bradlaugh.* 4 *E. B. Foote.* 5 *Lincoln.* 6 *Abner Kneeland.* 7 *D. M. Bennett.* 8 *T. B. Wakeman.* 9 *Moncure D. Conway.* 10 *W. C. Brann.*

C. L. JAMES is the author of a volume on *The French Revolution,* which is greatly admired and much advertised by the Anarchists:

1 *Byron.* 2 *Darwin.* 3 *Ewald.* 4 *Stephenson.* 5 *Bakunin.* 6 *Tolstoy.* 7 *Lombroso.* 8 *Wilberforce.* 9 *Woodhull.* 10 *Lister.*

GEORGE WHARTON JAMES is one of our leading authorities on Indians and Deserts, and he writes sympathetically about both. Among his works are *The Wonders of the Colorado Desert, In and Out of the Old Missions of California, In*

and Around the Grand Canyon, Indians of the Painted Desert Region. His books are standards on the subjects:
1 *Lincoln.* 2 *Whitman.* 3 *Burbank.* 4 *Henry Bergh.* 5 *Booker T. Washington.* 6 *William Morris.* 7 *Ruskin.* 8 *Tolstoy.* 9 *Mrs. Eddy.* 10 *Emerson.*

JOSEPH JASTROW, who is Professor of Psychology in the University of Wisconsin, has written two great works, *Fact and Fable in Psychology,* and *The Subconscious.* He is one of our profoundest psychologists:
1 *Darwin.* 2 *George Eliot.* 3 *Emerson.* 4 *Heine.* 5 *Huxley.* 6 *Lecky.* 7 *Lowell.* 8 *John Morley.* 9 *Tennyson.* 10 *Thackeray.*

KIICHI KANEKO is a Japanese rationalist, connected with *The Chicago Daily Socialist.* Here is an extract from his poem, *My Country,* showing his style and sentiments:

> My country is not where beautiful Fuji stands;
> It it not where you find the Geisha girl pretty;
> My country is not where I was born;
> It is not where my old memories remain.
>
> My country is where humanity is uplifted;
> It is where men and women enjoy their rights.
> My country is where Mazzinis might live;
> It is where Backunins could preach.

1 *Ibsen.* 2 *Hugo.* 3 *Kropotkin.* 4 *Zola.* 5 *Marx.* 6 *Tolstoy.* 7 *Darwin.* 8 *Mazzini.* 9 *Bakunin.* 10 *Humboldt.*
[Did not the Japanese have a single humanitarian in the 19th Century? W. J. R.]

DENJIRO KOTOKU is a brilliant Japanese essayist who gave up his position in an influential paper at the time of the Russo-Japanese war, because of his anti-militaristic views, and founded the socialistic *Heimin Shimbun.* He sent me the list from Tokio, and it is as follows:
1 *Auguste Comte.* 2 *Darwin.* 3 *Spencer.* 5 *Mazzini.* 6 *Bakunin.* 7 *Carlyle.* 8 *Kropotkin.* 9 *Zola.* 10 *Ruskin.*

CHARLES KLEIN is one of our most successful dramatists. No other play achieved such a phenomenal popularity as his *Music Master.* Among his other plays are the *Daughters of Men, and The Lion and the Mouse:*
1 *Mrs. Eddy.* 2 *Gladstone.* 3 *Spencer.* 4 *Dickens.* 5 *Lincoln.* 6 *Beecher.* 7 *Hugo.* 8 *Emerson.* 9 *Tolstoy.* 10 *Carl Schurz.*

PARISH B. LADD is a Judge who is probably better known among Freethinkers than among legal lights. I believe his most im-

portant work is *Commentaries on Hebrew and Christian Mythology:*
1 *Haeckel.* 2 *Spencer.* 3 *Ernest Renan.* 4 *Max Müller.* 5 *Lubbock.* 6 *Huxley.* 7 *Ingersoll.* 8 *John W. Draper.* 9 *Charles Bradlaugh.* 10 *S. Baring Gould.*

GEORGE ELMER LITTLEFIELD, the founder of Fellowship Farm, and editor of *Ariel,* is one of the few men who has escaped the clutches of commercialism:
1 *Karl Marx.* 2 *Kropotkin.* 3 *Robert Owen.* 4 *William Morris.* 5 *Theodore Parker.* 6 *Wendell Phillips.* 7 *E. E. Hale.* 8 *Mazzini.* 9 *Tolstoy.* 10 *Hugo.*

J. WILLIAM LLOYD, who was one of Ernest Crosby's closest comrades, is a man of head and heart who has written well, both in prose and poetry:
1 *Whitman.* 2 *Emerson.* 3 *Fourier.* 4 *Marx.* 5 *Josiah Warren.* 6 *Wilberforce.* 7 *Kropotkin.* 8 *J. H. Noyes.* 9 *Tolstoy.* 10 *Spencer.*

JACQUES LOEB is the profoundest biologist in America. His experiments in fertilization have attracted the attention, not only of the scientific world, but even of our Sunday newspapers. He is the author of *The Dynamics of Living Matter:*
1 *Pasteur.* 2 *Robert Koch.* 3 *Behring.* 4 *Lister.* 5 *Faraday.* 6 *Robert Mayer.* 7 *Liebig.* 8 *Heinrich Hertz.* 9 *Lassalle.* 10 *Marx.*

M. M. MANGASARIAN wrote a *"New Catechism"* which was much praised by Holyoake, Waite, Altgeld, etc., and has been translated into many languages. Every Sunday he lectures to a cultured audience of 2,000. He is known and admired by all our liberal thinkers:
1 *Robert Owen.* 2 *Holyoake.* 3 *John Howard.* 4 *Florence Nightingale.* 5 *Ruskin.* 6 *J. S. Mill.* 7 *Hugo.* 8 *Paul Bert.* 9 *Louis Blanc.* 10 *Theodore Parker.*

EDWIN MARKHAM wrote *The Man With the Hoe*—one of the best-known poems in American literature. This single production made him the best-known of our living poets:
1 *Ruskin.* 2 *Carlyle.* 3 *Shelley.* 4 *Mazzini.* 5 *Lincoln.* 6 *Fourier.* 7 *Hugo.* 8 *Willard.* 9 *William Morris.* 10 *Thomas Lake Harris.*

MILA TUPPER MAYNARD of the *Rocky Mountain News,* is known to radicals by her *Life of Walt Whitman:*
1 *Marx.* 2 *Liebknecht.* 3 *Whitman.* 4 *Darwin.* 5 *Hugo.* 6 *George Eliot.* 7 *Dickens.* 8 *Eugene Debs.* 9 *Wendell Phillips.* 10 *Mrs. Stowe.*

JAMES S. METCALFE is the stinging dramatic critic of the lively periodical, *Life.* His criticisms were so severe that the man-

agers refused him admission to the theatres, and he had to resort to disguises. Incidentally he sued seventeen managers, but lost:

1 *Lincoln.* 2 *Spencer.* 3 *George Peabody.* 4 *Emerson.* 5 *Charles Reade.* 6 *Garrison.* 7 *Ingersoll.* 8 *Florence Nightingale.* 9 *Henry Bergh.* 10 *Lister.*

BENJAMIN FAY MILLS, editor of *Fellowship,* was formerly an evangelist. His heresies excited much comment among the orthodox. He has written a pamphlet called, *Why I Changed My Religious Opinions.* Ingersoll said of him, that he had too much philosophy to be a churchman, and too much superstition to be a scientist:

1 *S. C. Armstrong.* 2 *Edward Everet Hale.* 3 *Jane Addams.* 4 *Henry D. Lloyd.* 5 *Golden-Rule Jones.* 6 *N. O. Nelson.* 7 *Emerson.* 8 *Frances Willard.* 9 *Theodore Parker.* 10 *W. E. Channing.*

KOKICHI MORIMOTO is a Japanese Professor in the Imperial University of Sapporo, Japan. He speaks English fluently, and sometimes comes to this country to lecture:

1 *Livingstone.* 2 *Gordon.* 3 *Lincoln.* 4 *Tolstoy.* 5 *Carlyle.* 6 *Goethe.* 7 *Tennyson.* 8 *Florence Nightingale.* 9 *Gladstone.* 10 *Lord Nelson.*

G. W. MOREHOUSE wrote the *Wilderness of Worlds,* viewing the universe from the standpoint of a rationalist:

1 *Humboldt.* 2 *Darwin.* 3 *Spencer.* 4 *Huxley.* 5 *Tyndall.* 6 *Haeckel.* 7 *Ingersoll.* 8 *Lincoln.* 9 *Draper.* 10 *Lyell.*

JAMES F. MORTON, JR., is the broad-minded author of that fine essay, *The Curse of Race Prejudice,* which everyone should read:

1 *Tolstoy.* 2 *Froebel.* 3 *Edison.* 4 *Burbank.* 5 *Whitman.* 6 *Henry George.* 7 *Darwin.* 8 *Spencer.* 9 *Kropotkin.* 10 *Lombroso.*

MAUD NATHAN, one of the founders of Barnard College, often lectures in Cooper Union—charmingly:

1 *Maeterlinck.* 2 *Emerson.* 3 *Froebel.* 4 *Elizabeth Cady Stanton.* 5 *Lincoln.* 6 *Montefiore.* 7 *Baronde Hirsch.* 8 *Madame Curie.* 9. *Pasteur.* 10 *Roentgen.*

N. O. NELSON, who founded the village of Le Claire, is known thruout the country as the "Millionaire Socialist" and philanthropist. Articles concerning him and his work have appeared in our leading magazines:

1 *Robert Owen.* 2 *A. J. Holyoake.* 3 *Darwin.* 4 *Lincoln.* 5 *Ruskin.* 6 *Henry George.* 7 *Froebel.* 8 *Mazzini.* 9 *Tolstoy.* 10 *Jane Addams.*

SIMON NEWCOMB is the greatest American astronomer. He has been honored here and abroad. His books and discoveries have made him world-famous. He is one of the glories of America:

1 *Pasteur.* 2 *Lister.* 3 *Virchow.* 4 *Metchnikoff.* 5 *Darwin.* 6 *Huxley.* 7 *Ohm.* 8 *Maxwell.* 9 *J. Henry.* 10 *Carl Schurz.*

GEORGE PANEBAKER, a distant kinsman and for many years an enthusiastic admirer of Schopenhauer, whose excellent essay on the Philosopher of Pessimism was used by Elbert Hubbard in preparing his *Little Journey to the Home of Arthur Schopenhauer:*

1 *Darwin.* 2 *Spencer.* 3 *Haeckel.* 4 *Elbert Hubbard.* 5 *Henry George.* 6 *Burbank.* 7 *Felix Adler.* 8 *Gov. Altgeld.* 9 *Whitman.* 10 *Tolstoy.*

FREDERICK W. PEABODY, a member of the Boston Bar, has written *Complete Exposure of Christian Science, or The Plain Truth in Plain Words Concerning Mrs. Eddy:*

1 *Lincoln.* 2 *Henry George.* 3 *Hugo.* 4 *Tolstoy.* 5 *Whitman.* 6 *Beecher.* 7 *Father Damien.* 8 *Carlyle.* 9 *Huxley.* 10 *Ingersoll.*

ISAAC HULL PLATT is known to all Whitmanites. He has written a Beacon Biography on Walt. Also he is the author of *Bacon Cryptograms in Shakespeare,* and other interesting works:

1 *Shelley.* 2 *Lincoln.* 3 *Whitman.* 4 *Hugo.* 5 *John Brown.* 6 *Garrison.* 7 *Beecher.* 8 *Henry George.* 9 *Tolstoy.* 10 *Garibaldi.*

LOUIS F. POST is the editor of *The Public,* one of the best periodicals in this country. Henry George became acquainted with him when Mr. Post was chief editorial writer on *Truth;* and when George started his paper, *The Standard,* he engaged Mr. Post as one of its special writers. He has written important books, and in every way is one of most capable of the Single Tax leaders:

1 *Henry George.* 2 *Tolstoy.* 3 *Garrison.* 4 *Phillips.* 5 *Tom L. Johnson.* 6 *Lowell.* 7 *Lincoln.* 8 *Jefferson.* 9 *Cobden.* 10 *Mazzini.*

GRACE POTTER, writer of short stories:

1 *Lincoln.* 2 *Susan B. Anthony.* 3 *Elizabeth Cady Stanton.* 4 *Dickens.* 5 *Jefferson.* 6 *Ingersoll.* 7 *Garibaldi.* 8 *Whitman.* 9 *Tolstoy.* 10 *Henry George.*

WILLIAM MARION REEDY, the talented editor of the *St. Louis Mirror,* and author of *The Law of Love,* is one of our most brilliant literary stylists:

1 *Lincoln.* 2 *Dickens.* 3 *Father Damien.* 4 *Edison.* 5 *Pasteur.* 6 *Froebel.* 7 *Spencer.* 8 *Sir James Simpson.* 9 *Tennyson.* 10 *Gladstone.*

JOHN EMERSON ROBERTS, editor of *Here and Now,* is the beloved pastor of the Church of This World. He has delivered an excellent eulogy on Ingersoll:
1 *Lincoln.* 2 *Beecher.* 3 *Ingersoll.* 4 *Stephenson.* 5 *Edison.* 6 *Morse.* 7 *Darwin.* 8 *Froebel.* 9 *General Booth.* 10 *Huxley.*

MORRIS ROSENFELD is the Jewish poet whose *Songs from the Ghetto* have been so highly praised by William Dean Howells, Zangwill, etc. His life has been a very hard one, and when my request reached him, he was in the hospital. He could not write, but dictated his list:
1 *Zola.* 2 *Joseph Israel.* 3 *Lincoln.* 4 *Marx.* 5 *Herzl.* 6 *Tolstoy.* 7 *Verdi.* 8 *Morris.* 9 *Spencer.* 10 *Baron de Hirsch.*

PARKER H. SERCOMBE is the editor of *To-Morrow Magazine:*
1 *Spencer.* 2 *Darwin.* 3 *Hugo.* 4 *Whitman.* 5 *Haeckel.* 6 *Ingersoll.* 7 *George Eliot.* 8 *Lincoln.* 9 *Roosevelt.* 10 *Edwin Markham.*

J. D. SHAW, editor of *The Searchlight:*
1 *Gerard.* 2 *John Howard.* 3 *Peabody.* 4 *Darwin.* 5 *Spencer.* 6 *Humboldt.* 7 *Lick.* 8 *Ingersoll.* 9 *Bradlaugh.* 10 *Peter Cooper.*

JULIET H. SEVERANCE, a physician, is now an old woman, but is as much interested in freedom as she was in her young days when her arguments for the abolition of negro slavery were answered by brickbats:
1 *Lucretia Mott.* 2 *Garrison.* 3 *Mrs. Stanton.* 4 *Parker Pillsbury.* 5 *Phillips.* 6 *Kelly Foster.* 7 *A. J. Davis.* 8 *Russell Teall.* 9 *Whitman.* 10 *Matilda J. Gage.*

THEODORE SCHROEDER, formerly president of the Brooklyn Philosophical Association, has written several excellent pamphlets on sexual topics from the rationalistic viewpoint:
1 *Ingersoll.* 2 *Haeckel.* 3 *Spencer.* 4 *Darwin.* 5 *Huxley.* 6 *Havelock Ellis.* 7 *Joseph Jastrow.* 8 *Edw. Westermark.* 9 *Charlotte Perkins Gilman.* 10 *Susan B. Anthony.*

JOHN SPARGO, the well-known Socialist, who wrote *The Bitter Cry of the Children;* an effective orator and social investigator:
1 *Owen.* 2 *Marx.* 3 *Shelley.* 4 *Darwin.* 5 *Spencer.* 6 *Carlyle.* 7 *Ruskin.* 8 *Whitman.* 9 *Lassalle.* 10 *Lincoln.*

ROSE PASTOR STOKES is the factory-girl whose marriage to a millionaire did not decrease her interest in social work among the poor nor tame her radicalism. She and her husband—J. G. Phelps Stokes—often lecture from the same platform:
1 *Marx.* 2 *Engels.* 3 *Darwin.* 4 *Mazzini.* 5 *Pasteur.* 6 *Tolstoy.* 7 *Ruskin.* 8 *Whitman.* 9 *Mrs. Charlotte Perkins Gilman.* 10 *Mark Twain.*

CHARLES WARREN STODDARD, one of "The Golden Trinity," is the well-known poet of the South Seas. See Stedman's *American Authology:*
1 *Whitman.* 2 *Dickens.* 3 *Longfellow.* 4 *Ruskin.* 5 *Morse.* 6 *Edison.* 7 *Pasteur.* 8 *Pope Leo XIII.* 9 *Mrs. Eddy.* 10 *General Booth.*

MORRISON I. SWIFT, who once led 10,000 hungry men to the State House at Boston, and who recently repeated the feat with a smaller number, is as sincere and high-minded a radical as ever lived. Among his books are, *The Monarch Billionaire, Our Right to Rob Robbers, Human Submission, The Advent of Empire, Imperialism and Liberty:*
1 *Shelley.* 2 *John Brown.* 3 *Thoreau.* 4 *Tchernyshevsky.* 5 *Ruskin.* 6 *Kropotkin.* 7 *August Spies.* 8 *Zola.* 9 *Gorky.* 10 *Perovskaya.*

DANIEL K. TENNEY has written *The Eternity of the Earth, Holy Smoke from Holy Land,* and many articles for various papers:
1 *Lincoln.* 2 *Ingersoll.* 3 *Carnegie.* 4 *Haeckel.* 5 *Edison.* 6 *Darwin.* 7 *Spencer.* 8 *D. K. Pearsons.* 9 *Blaine.* 10 *Lick.*

ROSE HARTWICK THORPE is the author of *Curfew Must Not Ring To-Night,* which is probably the most famous ballad written in this country, as it has been sung, recited, acted dramatised, parodied, copied, illustrated, etc., thousands of times:
1 *Edison.* 2 *Koch.* 3 *Nobel* 4 *Frances Willard.* 5 *General Booth.* 6 *Harriet Beecher Stowe.* 7 *Lincoln.* 8 *Elizabeth Cady Stanton.* 9 *Sienkiewicz.* 10 *Florence Nightingale.*

BENJAMIN R. TUCKER, who has edited *Liberty* for several years, is the translator and publisher of a number of good works. He is the leader of our Individualist-Anarchists, and his teachings are known abroad:
1 *Max Stirner.* 2 *Darwin.* 3 *Stephenson.* 4 *Proudhon.* 5 *Zola.* 6 *Goethe.* 7 *Ibsen.* 8 *Wagner.* 9 *Ruskin.* 10 *Hugo.*

B. F. UNDERWOOD was once hailed as one of the brightest of liberals, and one of the best expounders of the Spencerian philosophy:
1 *Stephenson.* 2 *Morse.* 3 *Field.* 4 *Humboldt.* 5 *Darwin.* 6 *Spencer.* 7 *Gladstone.* 8 *Garibaldi.* 9 *Bismarck.* 10 *Garrison.*

CHARLES B. WAITE, a venerable rationalist, has long passed his 80th year. Among his works is a profound *History of the Christian Religion.* At one time he was a Judge:
1 *Shelley.* 2 *Paine.* 3 *Ingersoll.* 4 *Björnson.* 5 *Ibsen.* 6 *Hugo.* 7 *Dickens.* 8 *Goethe.* 9 *Jefferson.* 10 *Lincoln.*

THADDEUS BURR WAKEMAN is one of our best-known Freethinkers. His lectures and pamphlets run into the thousands. No liberal affair seems complete without his venerable presence. When Courtlandt Palmer was dying, he wished two men to speak at his burial—Ingersoll and Wakeman:

1 *Paine.* 2 *Count Rumford.* 3 *Goethe.* 4 *Bolivar.* 5 *Comte.* 6 *Spencer.* 7 *Darwin.* 8 *Haeckel.* 9 *Lincoln.* 10 *Roosevelt.*

ALFRED RUSSEL WALLACE, the Co-Discoverer with Darwin of the Theory of Evolution, is one of the world's greatest scientists:

1 *Owen.* 2 *Tolstoy.* 3 *Bellamy.* 4 *Blatchford.* 5 *Elizabeth Fry.* 6 *Ruskin.* 7 *Shelley.* 8 *Whitman.* 9 *Wm. Watson.* 10 *Edwin Markham.*

JOHN DE WITT WARNER, an ex-member of Congress, is the able president of our Free Trade League. He is a powerful orator, and is prominent in public affairs.

1 *Bright.* 2 *Edison.* 3 *Garrison.* 4 *Henry George.* 5 *Hirsch.* 6 *Lincoln.* 7 *Livingstone.* 8 *Peabody.* 9 *Tolstoy.* 10 *Zola.*

J. A. WAYLAND edited our first Socialistic paper, *The Coming Nation,* and is now editor of the *Appeal to Reason.* It was this paper which sent Upton Sinclair upon the trip which resulted in the epoch-making novel, *The Jungle:*

1 *Karl Marx.* 2 *Engels.* 3 *Henry George.* 4 *Ruskin.* 5 *Robert Owen.* 6 *R. D. Owen.* 7 *Holyoake.* 8 *Bellamy.* 9 *Mazzini.* 10 *Lincoln.*

ANDREW D. WHITE, in certain respects the greatest man in America. I say this, not because he was President of Cornell University for 20 years, not because he was President of the American Delegation at the First Hague Conference, not because he was the United States Ambassador to Germany and to Russia, but because he wrote that great book, *The Warfare of Science with Theology.* He has recently published his *Autobiography:*

1 *Stein.* 2 *Cavour.* 3 *Lincoln.* 4 *Alexander II.* 5 *Schiller.* 6 *Wadsworth.* 7 *Dr. Morton.* 8 *Justin S. Morrill.* 9 *Carnegie.* 10 *Booker T. Washington.*

GAYLORD WILSHIRE is one of the most prominent Socialists in America, editor of *Wilshire's Magazine:*

1 *Mazzini.* 2 *Hyndman.* 3 *Karl Marx.* 4 *Kropotkin.* 5 *Alfred Russell Wallace.* 6 *Darwin.* 7 *Whitman.* 8 *Zola.* 9 *Tolstoy.* 10 *Luther Burbank.*

C. W. G. WITHEE is a liberal lawyer from the West who accepts much of the Buddhistic doctrines. He has lectured and written on the philosophy of this oriental religion:

1 *Ingersoll.* 2 *Emerson.* 3 *Miss Anthony.* 4 *Girard.* 5 *Tolstoy.* 6 *Spencer.* 7 *David Swing.* 8 *Lincoln.* 9 *Peter Cooper.* 10 *General Booth.*

VICTOR ROBINSON is the Conductor of this Symposium on Humanitarians:

1 *Haeckel.* 2 *Darwin.* 3 *Spencer.* 4 *Perovskaya.* 5 *Tchernyshevsky.* 6 *Ippolit Mishkin.* 7 *Ingersoll.* 8 *Elizabeth Cady Stanton.* 9 *Wm. Lloyd Garrison.* 10 *Walt Whitman.*

The ten men who received the largest number of votes are as follows, in order:

Abraham Lincoln	55
Charles Darwin	50
Herbert Spencer	37
Leo Tolstoy	33
Walt Whitman	29
Robert Ingersoll	27
Victor Hugo	25
William Lloyd Garrison	24
Louis Pasteur	17
Henry George	16
Karl Marx	16

From ABRAHAM JACOBI:

"By a humanitarian I mean one who has benefited humanity or has attempted to do so." I quote that from your letter of Sept. 4th. It appears that you consider "humanity" and "mankind" to be synonymous, and that you mean mankind. Even so I hardly think that humanitarian means exactly what you express. But the following list of 10 men have benefited mankind in the 19th century more than any other, or have attempted to do so.

Napoleon Bonaparte universalized all over the European Continent the spirit and teachings and results of the Great French Revolution.

William Wilberforce—Anti-slavery.

George Peabody—Decent dwellings—Southern education.

Ignaz Philip Semmelweis—Savior of millions of women, martyr, precursor of Lister.

Rudolf Virchow—Pathology, defender of therapy against nihilism, archaeologist and anthropologist, sanitarian and practical statesman.

Charles Darwin—Natural selection—Descent of man.

Louis Pasteur—Demolished generatio aequivoca, applied his own (and Koch's) discoveries to infectious disease, and opened the way to Roux and Behring.

George Stephenson—Railroad, locomotive, safety lamp.
Samuel F. B. Morse—Patent of 1837.

All of whom are respectfully ond doubtfully submitted by

Yours very truly,
A. JACOBI.

From DR. W. C. COOPER:

My memory of historical characters is so exceedingly bad, that I fear I cannot particularize successfully. Generally, I think he is the greatest humanitarian who best helps others to help themselves. In this connection, it is pertinent to say that my personal experiences have almost driven me to the conclusion that the best egoism, is the best altruism. He who is truest to himself (sanely "truest") is truest to his fellow man. I have no great reverence for the *professional* philanthropist—his benefactions are apt to be too strongly tinctured with autolatry—self-advertisement. As a class, it is manifest that the most aggressive freethinkers are the greatest humanitarians. This class *breaks shackles,* and thus helps people to help themselves. I will name at random a few who have impressed me as the greater humanitarians of the 19th century. In my judgment, the greatest practical humanitarian of the 19th century was Abraham Lincoln. He realized my ideal humantarian. I should rank Emerson next to him. Then, Carlyle; then, George Eliot; then, Goethe; then, Dickens; then, Darwin; then, Herbert Spencer; then, Haeckel; then, Huxley; then. Ibsen; then, Maeterlinck; then, Tennyson. The imperfection of the list depends on the imperfection of my memory.

Even in my best days, I was utterly lacking in historic memory. Now, as I grope through the haze of senectitude, all is unmemoried chaos. In mere years, I am only 72—in *practical* fact, I am 112, for by all the canons of pathology, I am overdue in heaven for 40 years.

I speak for a copy of your symposium when printed. Your work is a laudable one, and, across the miles, I extend my hand for a shake!

Kismet coddle you.
W. C. COOPER.

From HENRY HOLT:

I suppose that by wanting names of "favorite" benefactors of the race, you wish to get at your correspondents' personal sympathies, irrespective of their purely intellectual judgments. Accordingly, I name Spencer, Darwin, Pasteur, Edison, Bell, Lincoln, Emerson, Tennyson, Thackeray, Beethoven. It seems absurd, however, to give those names and omit Helmholtz, Carlyle, Morse, Stephenson, Peabody, Wagner, Goethe, Liszt, Wellington; and I am not sure but that Francis A. Walker, altho less known than perhaps any of the others, did more for humanity in elucidating the functions and deserts of the organizer of industry, than some of those named have done.

From JOHN SPARGO:

In this list, then, are included only ten from a much larger list of the greatest prophets of humanitarianism; I absolutely decline to say that the men—and women—whose names are left out were less great than any of these. I have dipped into a heap of jewels and withdrawn a handful: my list amounts to no more than that.

Robert Owen, who so well personified all that the word "humanitarian" comprehends; Karl Marx, who pointed the way to the realization of Owen's ideal with such magnificent courage and transcendant ability; Shelley, for his inspiring influence; Darwin and Spencer, for the illumination of human development and history; Carlyle and Ruskin, for keeping alive the altar-fires of Truth in an age of peril; Whitman, for his heroic affirmation of the oneness of true democracy and individual freedom; Lassalle, for launching the greatest political movement of the common people the world has ever known—the movement which alone gives battle to militarism and despotism in all lands—and, finally, Lincoln, for his peerless leadership of a great nation in its greatest crisis, his courage and his love for mankind.

From BOLTON HALL:

The ten men of the Nineteenth Century whose work for humanity seems to me to have been the most beneficial, in direct effect and in inspiration, are:

Henry George—Who refuted the theory that material progress must crush labor by an iron law, and preached a new gospel of hope based upon equal freedom.

William Lloyd Garrison—Who freed a subject race and struck a blow at exploitation.

Walt Whitman—Whose song is a call to each individual to walk upright and self-reliant, and a chant of Man's faith in Man.

Richard Cobden—Who broke down a thievish system of taxation and crippled the political power of English landlordism.

Herbert Spencer—Whose principle of equal freedom underlies all forward movements and whose philosophy of evolution has changed modern thought.

William Morris—Who rescued production from ugliness and taught the joy of labor—when it is not degraded into toil.

Edward Carpenter—Who lives, as well as teaches, the free individual life.

Leo Tolstoi—Whose life has gained him a larger audience than listens to any other man.

Peter Kropotkin—Who has emphasized the economic value of free co-operation and the social value of mutual aid.

Victor Hugo—Who was the pioneer novelist of social reform and who, in peril of life and freedom, struck French imperialism its deathblow.

From ALEXANDER BERKMAN:

I think the vilest fact of our social life is the one which has inspired the unfortunately true epigram, "Nothing succeeds like success." But I sing the song of the unsuccessful—the underdog.

Huss, for instance, was—in my estimation—greater than Luther. His misfortunes—and his greatness—consisted in being just one hundred years ahead of his time. But though burned at the stake, Huss was the *real* father of the Reformation.

Mere success—visible and immediate—is but accidental, incidental, and in reality of little importance: in the long run the great and their ideas always triumph.

I shall, therefore, name in my List of Ten Precious ones those whose lives were inspired by the highest and broadest humanitarianism, regardless of so-called success.

It is rather difficult to limit myself to 10 names, since they are to embrace a whole world and a whole century. I must, therefore, limit my list to one name for each country, except Russia and United States:

Germany—Karl Marx.
Belgium—Elisée Reclus.
England—Robert Owen.
Norway—Henrik Ibsen.
France—Louise Michel.
Italy—Enrico Malatesta.
Russia—Kropotkin and Sophia Perovskaya.
United States—Wm. L. Garrison and Emma Goldman.

The number of humanity's great is legion. I regret that the limit of 10 prevents my naming:

Bakunin and Vera Figner, Russia.
Chas. Bradbaugh, England.
Zola and Vaillant, France.
August Reinsdorf, Germany.
Angiolino, an Italian, whom spain should be proud to claim as her own (the man who rid Spain of her Butcher Canovas.)
Cuba—Garcia and Gomez.
United States—John Brown and Moses Harman.

From HAVELOCK ELLIS:

I hesitated to answer the question contained in your kind letter on account of its difficulty, but have finally decided to make the attempt. According to what I gather to be your wish, I take "humanitarian" (not a word I much care for) in the widest sense, and have set down, not those who are necessarily the greatest, but those who happen to have appealed to me. They are all authors, and include only those who have been occupied with the widest human questions. Inventors and philanthropists, in the narrow sense, might be named by the score, but there are none, so far as my preferences are concerned, who stand out with special distinction.

From SIMON NEWCOMB:

If I should answer your letter literally I should say that I have no "favorite" humanitarians and that I consider the quality of favorite too unimportant to merit consideration; but, perhaps, you mean differently. If you mean who, in my opinion, have done most for the good of humanity I should name first those who have investigated disease and shown how to lessen pain in the world—the foremost of whom so far as I know are Pasteur, Lister and Metchnikoff. Then I should take men who have taught us how to think about ourselves—Darwin and Huxley. Then come those who have brought out the facts of nature—Ohm, Maxwell and Henry. In my list should be included those who have improved our political methods; among them Carl Schurz was a leader.

From EDWIN MARKHAM:

Excluding living men and women, I name the following as my ten favorite humanitarians—persons who benefited humanity or tried to benefit humanity:

(See list.)

There are five other names that press into my mind as strong contestants for a place in this precious list. I refer to Horace Greeley, Richard Wagner, Francois Millet, Robert Owen and Elizabeth Cady Stanton.

I may say that Thomas Lake Harris is a name that should be more widely and truly known. Mr. Harris left a large mass of remarkable writings, which have come into my hands, and from which I am making copious selections to appear at the end of the year in two large volumes.

From HARRIOT STANTON BLATCH:

I first think of the great demands for personal freedom, and so place first, *Lord Shaftesbury's* work to free the child from factory slavery; *Elizabeth Cady Stanton's* work to free women from civil and political slavery, and *William Lloyd Garrison's* to free the negro. To me the most ringing note for freeing the workers from their wage slavery was given by *William Morris*. *Goethe* was the philosopher of all these movements, and *Shelley* the poet. When men are free they most need education, and so one of my favorite humanitarians is *Froebel*. When educated they must learn their baby steps in political democracy. No man taught us more of orderly political machinery and how the democracy could use it, more of right fiscal methods than *Gladstone*. In a patient search for truth *Darwin* is our great exampler, and one of the first to take the steps towards the wonderful practical developments of science. *Morse* must be named.

SOCIALISM AND PREVENTIVE MEDICINE.

By WILLIAM L. HOLT, M. D.

How does socialism appeal to the physicians of America, and what does it offer them? Unfortunately socialism appeals very little to the material welfare of the physician, and this perhaps explains why the profession as a class take so little interest in it. The successful practitioner is at once capitalist and laborer; he owns his tools of production just as every workman did a hundred years ago; hence he is outside the class struggle; he has practically nothing to gain or to lose financially from the introduction of socialism. The physician should be purely a social servant of the highest type, treating rich and poor alike and keeping himself neutral to class distinctions and class prejudices. But unfortunately this is rarely the case. The medical practitioner, especially the man with a lucrative practice, is usually tho perhaps unconsciously, a capitalist retainer. That is, he feels his dependence on the rich and well-to-do, who furnish his income, and he would not dare to do anything to offend or antagonize them; he is as conservative as an English butler. To be sure he treats the working people free in the hospital, and usually very kindly and conscientiously, but just because they are treated free he despises them and gives all his respect and social consideration to their rich masters, who have "built" the hospital and "support" it (by which we mean they ordered it to be built and order men and women to work in it).

The physician is practically in the same position in society as the clergyman and the teacher—he is dependent on his rich clients, and even if he wished, he would hardly dare to espouse the cause of labor for fear of losing his popularity and patronage. A classmate of mine voiced this bread-and-butter instinct of the profession by saying in reply to my plea for socialism: "Socialism is all right, but you can't afford to antagonize the rich." This feeling may well explain why I found only three socialistic physicians in the whole of Boston. For we physicians are only a very highly skilled sort of workers, after all; we have our craft-unions or "associations of specialists" with the same long names; we have our American Medical Association like The American Federation of Labor; we have local standards for our fees, which are only another name for "the union scale." And all this is based on the same keen competition among us that exists among our less fortunate and learned brothers.

Hence it is evident, since the open espousal of socialism would handicap any physician in the race for success, that it is only those few noble souls who care more for human welfare than for worldly success whom socialism can hope to win. Judging from my own experience I should say there were

hardly a thousand such in the whole United States; but I hope I do my colleagues an injustice, and that it is ignorance rather than selfish ambition in a great many cases that has kept them from joining our ranks. Whether they are a hundred or ten thousand, it is to those lovers of humanity that I give the message of socialism. May you, reader, be one of them! One of our greatest of American physicians, Oliver Wendell Holmes, who was once bitterly attacked for his new discoveries and radical opinions, has expressed the true spirit of progressive medicine in the following words:

"Medicine appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or is likely to be ailing from any cause. It learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent smallpox. It stands ready to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy." If Dr. Holmes were alive today I cannot doubt that he would have believed medicine had much to learn from socialism.

The physician, to whom I appeal, believes it is the physician's duty not only to relieve suffering and cure disease, but also to do all in his power to prevent suffering, disease, and death. He must not be content to spend all his time and thought on the first duty; he must do the second also, which is of still greater importance. The first article in his creed is: Prevention is better than cure. He is willing to sacrifice his success in practice and even to accept if need be the ostracism, ridicule or hatred of his colleagues in doing this grat service to society. If you have not these convictions, reader, and the courage of them, it is useless for you to read further.

What does our reason and experience tell us—physicians with this social consciousness—is the way to prevent suffering, disease, and death? Clearly it is to discover their causes and then as far as possible to remove them. This is axiomatic. But what are the causes? And how can we best remove them? The different answers to these two fundamental questions tell the whole story of scientific and preventive medicine. Old Dr. Hahnemann declared diseases were due to immaterial agencies, and ridiculed any attempts to find material causes. But medical progress went on in spite of Hahnemann, as it always has, even in spite of the Catholic Church, and always will in spite of all the conservatives and reactionists the world will ever be able to muster. Pasteur, Koch, Loeffler, and hundreds of other brave investigators discovered that most of our diseases are caused directly by bacteria, and they also discovered and taught ways of avoiding and overcoming these invisible but

deadly enemies. The stupid world was very slow in accepting these new truths, and even now the great mass of the common people hardly understand and believe the germ theory of disease. But the medical profession seems blinded by the strong light of these discoveries, so that it cannot see the indirect social and economic causes of disease, which are none the less real because they are not to be grown in tubes or stained and examined with the microscope. They are far more fundamental in nature, for they are the environment which determines the action of these tools of disease, the bacteria.

It is my purpose to analyze somewhat these social and economic causes and to propose a scientific remedy for removing them. Let us first consider carefully the logical meaning of the term "cause of a disease." We say that a case of typhoid fever was caused by drinking polluted milk; that it was caused by the typhoid bacilli "accidentally" present in the milk; that it was caused by the dishonest milk-dealer who added polluted water to his milk or rinsed his cans in such water; we say it was caused first of all by the criminal carelessness of the people who contaminated the well with the excreta from a previous case of typhoid; we may also say it was due to carelessness in the patient's drinking raw milk from an unknown source. It is evident that the term "cause of disease" is not a single thing but a long chain of events, persons and conditions, each one of which was indispensable for the final result and hence was of equal importance. I am indebted to Prof. Theobald Smith of Harvard University for his enlightening conception of the chain of causes of disease. I have found it of the greatest value, especially in analyzing the social and economic causes of tuberculosis and venereal disease.

To return to typhoid fever. The fundamental social cause of this terrible disease is the contamination of water and milk supplies from previous cases, and the two chief reasons why our water and milk supplies become contaminated are: firstly, ignorance on the part of people concerning typhoid and of the necessity of destroying all excreta, and secondly, the system of private ownership of water and milk supplies which tempts the owners to neglect proper precautions to insure purity in order to make more profit. These facts are the first conspicuous links in the chain. But we must go further. Why are people ignorant? How typhoid spreads and [illegible] What is [illegible] typhoid [illegible] water supply [illegible] have not all [illegible] of [illegible]

hygiene? We surely have no cause to be proud of our public schools until they have done this. Again two links branch off from our chain: first, the poor, incomplete teaching of hygiene in our schools; second, the small attendance for what teaching there is. For the first link the school-teachers must be held directly responsible, and we physicians indirectly for not teaching them the importance of it. But I think the second link is the more important of the two. The disgraceful fact is, that only a small fraction of our children ever reach the high-school; they cannot afford it; they must leave school and go to work. In America, the classic land of universal public school instruction, the Commissioner of Labor informs us that each inhabitant gets on the average less than five years in a public school. He adds, "Ninety-seven out of every hundred children who enter the primary grades fail to enter the high-school." Doubtless some of these missing children fail to enter high-school for other reasons: change of residence, private schools, death, etc.; but it is safe to say that at the most only ten per cent of American children reach the high-school and only five per cent graduate. I remember that my graduating class at one of the two high-schools in Cambridge, Massachusetts, a city of over 100,000 population, numbered only a dozen boys and about thirty girls.

Where are the other ninety per cent? They are working in the deadly coal-breakers in the dark amidst choking dust, in the glass factories where the glare of the furnaces ruin their eyes and the heat and exposure ruin their health and sacrifice them to rheumatism, pneumonia and tuberculosis. Thruout the whole United States, only worse in some states than in others, children of school-age are sacrificing their young lives to the Moloch of Capitalism in order to support their parents and themselves. According to the census of 1900, there were in the U. S. in that year 1,752,187 children under sixteen years of age employed in gainful occupations. This is indeed a terrible number, and yet all authorities are agreed that it is too low, because many thousands of children are working under false age-certificates. John Spargo estimates in his book "The Bitter Cry of the Children", which is the most valuable book that has yet appeared on the subject of child labor and poverty among school-children, that "the number of child-workers under fifteen is at least two million and a quarter." There should be no need here for a description of the numberless forms of injurious child-labor or of how the young victims are often ruined for life in body, mind and character. If your conscience is not yet aroused to the enormity of this national disgrace, I beg of you to visit some factory where children are employed, or failing that to read the vivid description and full statistics in "The Bitter Cry of the Children." The points I wish to emphasize here are: (1) The great ma-

jority of American children are not at school but at work, and (2) The chief reason why they are in the factory instead of the school is the economic one that they must earn their own living like their parents.

We pay the child for working in our beloved factories, selling cigarettes or carrying red-hot bottles,—that is valuable work that perhaps could not be done quite so cheaply by a machine; but for working in school, for training himself to be a useful, intelligent, moral citizen we offer him nothing. Indeed, our noble solons indignantly reject the mere idea of keeping our poor school-children from starving. What a farce our vaunted American love of children is when we reflect that the English, the French, the Germans, Swedes, Danes, Norwegians, even the despised Italians, provide their poor school-children with good meals at little or no cost, while we "kind-hearted" Americans let them go breakfastless and lunch on trash or go hungry! Spargo estimates that "in normal times there are not less than 3,300,000 children under fourteen years of age in poverty." He adds, "It is a well-known fact, however, that poverty is far more prevalent among children over five years of age than among younger children, and it is safe to assume that of the total number of children estimated to be in poverty, there are fully two million between the ages of five and fourteen years, or nearly twelve per cent of the total number of children living in that age period." When we realize what poverty means to these children: that they must go to school without breakfast or with a wretched one of bread and tea or coffee, and always be underfed and poorly clothed, or else not attend school at all, we wonder that so many poor children go to school as actually do. Doubtless very few of them would prefer learning the three R's to earning their breakfast if they were free to choose.

Following the chain of causes of typhoid fever has led us to poverty; and investigation of the causes of tuberculosis, nervous and mental diseases, and the venereal plague will lead us to the same source, poverty; and that it is not only the cause of disease but also of crime.

But you may say, I reach these momentous conclusions as to the fundamental causes of disease from too narrow premises. You prove to our entire satisfaction that typhoid fever is propagated by ignorance, carelessness, and commercial cupidity. But you may well ask, are these social conditions and this industrial system also fundamental causes of other and more widespread diseases: of tuberculosis, pneumonia, nervous and mental and venereal diseases? You may say: if we shall become convinced that all these social diseases have their fundamental basis in our social and economic system and its inseparable evils, and that socialism is the most effective *and scientific* remedy for them since it alone can remove

their causes, then it is clearly our duty as physicians and guardians of the national health to espouse and advocate Socialism. Can you convince us of this?

To this vital question I answer unhesitatingly: yes, I have proved this to my own satisfaction; if I had not I should not have become a socialist. Indeed poverty, ignorance, and commercial greed play a much larger and more conspicuous role in these diseases than in typhoid; and their great importance as causal factors is recognized by all modern authorities. Space will not permit me to attempt a complete analysis of the social and economic causes of any of these diseases, I regret to say. I have already published in The Critic and Guide (Sept. and Oct., 1906) such an analysis for the venereal diseases, and have written one for tuberculosis; hence I will confine myself here to a brief outline for the nervous and mental diseases. Every physician will be able to supplement and strengthen this from his own experience.

First let us remember that one of the chief factors in locomotor ataxia (tabes) and general paralysis is syphilis, and that it also frequently causes meningitis and many other nervous troubles; and that syphilis rests on prostitution, which in turn, as I have shown at length in the article above mentioned, rests on our social and economic system. Second, one of the chief causes of nervous dyspepsia, hypochondriasis, and neurasthenia is the constant nervous strain and mental anxiety under which all capitalists, large or small, must live under the modern system of feverish competition and reckless speculation which has well been called "frenzied finance." As the notorious Schwab said, "Business is war," and a constant state of war shatters even the strongest nerves. The same intense competition extends to practically every branch of American life; doctors, lawyers, even ministers and schoolchildren strain every nerve to surpass their fellows in the race for practice, clients, a rich parish, or a school-prize and very many suffer serious, nervous, or mental injury as a result. Some form of nervous weakness is so well nigh universal among us Americans that the foreigners think we all suffer from a peculiar indigenous affection which they term "Americanitis." From my own personal experience I should say that the majority of college and medical students suffered chronically or occasionally from nervous troubles, and that a majority at least of society girls suffered from neurasthenia or "nervous break-down" at least once in their short careers.

When the nervous shock of failure in business is added to the long continued overstrain and ceaseless anxiety preceding the catastrophe, serious injury must inevitably be done to the nerves and brain; and when we remember that the grat majority of all small business men (many say 90%) do fail nowa-

days in their hopeless struggle against the capitalist giants, we can get some idea of the great number of nervous wrecks produced directly by our modern business system. And is not the workingman who has constantly to fear the loss of his living and starvation for his family as the result of loss of employment from accident, illness, a strike or a lockout, under at least as great nervous strain and anxiety? Every physician who has seen many hospital patients in our large city hospitals knows that nervous prostration is quite as common among the poor as among the rich; and our insane asylums are full of working-class victims of our barbarous industrial system.

As suicide is nearly always a result of mental derangement, it is in order here to consider the number of suicides, whether they have increased as competition has become fiercer and what proportion can be reasonably blamed upon our industrial system. But is it not a matter of common knowledge that suicides have increased recently in America to such an alarming extent that special rescue bureaus have been established in some of our large cities for the express purpose of saving desperate people from this unhappy fate? And does not nearly every account of a suicide, and nearly every daily paper which contains such an account, allege the cause of the tragedy to have been "financial embarrassment," or "financial ruin," or "starvation and destitution from loss of employment?" I think it would be a wholly conservative estimate to attribute fully 90 per cent of all suicides to economic causes.

So much for the physical examination and diagnosis of our patient, society. She has all the diseases in the books and manifold causes for them, but the primary basis of most of them lies in the bad environment of the patient, in the unwholesome, unnatural, and injurious relations between her various members. As in the human body, so in society, when the different members are divided against themselves society must suffer; and it is evident that in order to establish society on a truly healthful basis we must replace the selfish warfare between its members by peaceful co-operation, the merciless class struggle by the abolishment of all classes in universal equality, exploitation of the workers by economic justice, in short anarchy by socialism.

But we have not yet considered the previous treatment of our patient and its results. During the last generation many reformers have arisen in America, each seeing some particular evil to the exclusion of others and each proposing some particular remedy for that evil. So Henry George saw the great evil of overcrowding in the bad tenements of New York and proposed his single tax as a remedy. Jacob Riis saw the necessity of tearing down some of the worst tenements and criminal houses in New York and of providing playgrounds for the children. These *men* accomplished much for the immediate relief of some of *society's most* distressing symptoms; but they were not at all scien-

tific since they did not seek to remove the underlying causes of all these evils. Many attempts at reform of evils, especially of prostitution, have done more harm than good because the amateur reformers were wholly ignorant of the actual factors in the problem. The best example of this is, perhaps, the numerous attempts made to abolish prostitution by police raids on brothels and dispersal of the inmates to new quarters. All these "reformers" attempt ignorantly to cure an internal constitutional disease by plasters, salves or amputation.

But we men of science are not quack-doctors to dally with such dillentante remedies. Our medical instinct and conscience cries to us: Remove the cause! Give poor, degraded, starved, tempted human nature a chance to recover." But the true cause is the whole industrial and social system, based on the private ownership of capital, and there is only one practical way to remove it; by the victory of the workers, by the victory of socialism. When the Socialist Party in America wins, or, however, and whenever socialism is established, then the socialistic institutions of collective ownership of capital and collective distribution of wealth, of equality, of opportunity, as well as of legal and franchise rights, and of universal education must also replace the old institutions of the overthrown capitalistic state.

When every man and every woman can get steady employment and also are obliged to earn their living, unless physically or mentally incapable, the married women earning theirs at home, and when they get the full value of what they earn, then poverty cannot exist. When no man can invest in any sort of business or receive interest or profit therefrom, any more than he can now invest in the postoffice, then no man can accumulate wealth. It will indeed be a new and a fairer world when there are no millionaires and no beggars. Every child will be well-fed and clothed and housed in the first place, and then sent to school until he has had at least the equivalent of our present high-school course. Feeble-minded children will be given especial attention to prevent them from becoming criminals. When all our working girls are in school, and our working women are getting the same comfortable salary from the state as the men for the same work, and there are no idle rich youths; when every young man and woman willing to work can marry and have a comfortable home; when also every child is taught in school the vital truths concerning sex, what demand or supply will there be for prostitution? This is not the place to attempt a description of the socialistic society of the future. If you wish to read of the peace and beauty of the ideal future society, read Bellamy's charming novel, "Looking Backward." As an antidote to the utopianism of this, read Engel's "Socialism, Utopian and Scientific," or Spargo's recent book, "The Socialists." To get a true idea of the practical aims and methods of the American Socialist party read their platform. To get a complete bibliography of English books on socialism,

write to Charles H. Kerr & Co., 264 East Kinzie Street, Chicago, who sell all the books above mentioned and many others.

And here I must say a word about the Socialist Party. Altho similar in some respects to the old political parties it differs radically from them in these points; it frankly represents only one class of society, the working class; it is allied to other socialist parties in every civilized country of the world; it never allies or trades with the old parties; its platform is the same in every city, every state and every country; and its unequivocal aim, to which all local and temporary issues are subordinated, is to obtain control of the government by the ballot and inaugurate socialism. And the American platform defines this aim as follows: "Socialism means that all those things upon which the people in common depend shall by the people in common be owned and administered. It means that the tools of employment shall belong to their creators and users; that all productions shall be for the direct use of the producers; that the making of goods for profit shall come to an end; that we shall all be workers together, and that all opportunities shall be open and equal to all men."

I must regret in closing that I have made such an incomplete analysis of the relation of economic conditions to health and disease, and especially that I have not treated that most interesting side of the subject, namely, the effects of the present economic system on the physician himself and the advantages he would secure under socialism. I hope to discuss the latter subject in a later eassay.

I believe the time is ripe for the organization of a progressive medical society for the study and discussion of the economic basis of health and disease and the economic remedies which will help Preventive Medicine. Such a club should be scientific and nonpartisan in character; its aim should be an open and unprejudiced investigation and discussion of these questions and the education of the profession at large concerning these matters. Membership should be open to all physicians of good standing without regard to school, politics, or a college education; and the officers should be careful not to commit its members to allegiance to any political party. To be sure, we already have the American Academy of Medicine, which specialises in medical sociology; but it is distinctly exclusive, membership being limited to college graduates. Also at the last meeting which I attended, neither the economic basis of disease nor socialism was mentioned. Altho a college graduate myself, I refuse to join an association of men so narrow as to exclude all physicians as unworthy who have not had the money or time, or not thought it worth while, to take a college course.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

PHILIP MILLS JONES AS TRUSTEE.

Some good people seem to be worried greatly over the fact that Philip Mills Jones was elected trustee of the American Medical Association. Their despairing cry has reached me even here, in this quietest of all spots in Switzerland where I thought I was safe from the strident dissonance of the A. M. A. quarrels. They think I ought to write something about it. They think it—the election of Jones—is a very bad thing.

Let the machine elect as trustees and office holders the most narrow-minded, the most bigoted, the most biased and the most pliant members that it can find; let the rights of the passive majority or the protesting minority be ignored, laughed at and trampled upon by the powers that be; let the publicity organ of the Association, the *Journal of The American Medical Association,* which is the property of every member, be open to favorites only and closed to all those who have not a jellyfish backbone and dare disagree with some of the official policies and bureaucratic dicta; let all this I say go on from bad to worse—so much the better. In this case it is truly the worse, the better. Let the tension become greater and greater—it will reach the breaking point, and then the machine, the entire bureaucratic structure so carefully reared by our politicians, will go smash. Just some smithereens left. And then we will have a true democracy, and true representation.

This is invariably the history before every change, every upheaval, every revolution. The powers that be, thinking themselves forever secure in their positions become just a little too confident, a little too imprudent, a little too careless of other peoples' rights, and put on the screws a little too tightly. And then—there comes the smash.

Study history, my friends, and you will look at things as serenely as I do.

The featherweight Philip Mills Jones as trustee of the American Medical Association is a natural and welcome phenomenon.

BLACKMAILING JOURNALISM.

The English language is considered the richest in the world, and our vocabulary is a pretty extensive one and still we often have difficulty in finding expressions appropriate enough to characterize certain phenomena which we see before our eyes. We members of the medical profession of the United States live in a transitorial period and some of the things we have to witness are calculated to fill the heart of every honest and thinking man with sadness, disgust and indignation. *Some* of the official journals belong to the phenomena we have just been referring to. We are quite sure that none of the older members of the profession, none of the real physicians, who love and respect their calling, could ever have dreamt that such journals could ever exist. They could never have thought that journals would be established with the primary and principal object of blackmailing, of clubbing manufacturers into their advertising pages. They could never have thought that a time would come when in selecting editors for official journals the chief qualifications would not be professional standing, erudition, culture, independence of character, high ideals and incorruptibility; but that the deciding factors would be: ability to frighten advertisers, skill in political wire pulling, irresponsibility, impudence and a good supply of billingsgate.

There have been some pretty bad private medical journals. Nobody knows it better than we do. We were the first to expose, attack and practically to destroy some of them. But we declare with emphasis that in the entire history of American medical journalism there has not been one private journal so corrupt, so morally low, so impudent, so indifferent to charges and proofs of inconsistency, as is for instance one official journal that we have now in mind.

We refer to the *Journal of the South Carolina Medical Association*. This journal is a dinky sheet of a few pages, worthless in its contents and printed execrably. Standing on its own bottom, i. e., not parading as an official organ, it could not, with all its editor's blustering and threatening, get two pages of advertising, and, what is more important, it could not get two dozen bonafide

subscribers at 10 cents per annum. In truth it has no genuine subscribers even now. It is merely thrown in or pushed in as a bonus (we nearly said bolus) to the members of the association. This sheet is in every respect so utterly insignificant, that were it a private journal, we would not bother with it. But as an *official* journal, as a product and sign of the times, it is a phenomenon worth considering.

Many labor unions have their official organs; many societies get up balls and print elaborate programs. The members of these unions and societies go around to the manufacturers and business men to solicit advertisements. As long as the solicitation is a mere solicitation, as long as the advertisement is requested on the score of value, or openly on the score of charity, there is no objection. But with recalcitrant advertisers the solicitors often use veiled or open threats; they threaten to boycott their products and give their trade or throw their influence to their rivals. With timid business men the threats work—but what epithets do they apply to such solicitors? They are called blackguards and blackmailers. And in what respect, tell us, pray, does an editor differ from such blackguards and blackmailers, who prints in his journal an editorial like the following:

"If drug and chemical houses could be made to realize that the cheapest, best, quickest and surest way of getting before the medical profession of this State is to advertise in the *Journal,* they would all be breaking their necks to get space. The way to make them realize it, brother members, is to tell their salesmen when they enter your offices that they need not ask you to use their preparations if they are not willing to use your *Journal* as an advertising medium.

"DON'T FORGET THIS! Tell it to every salesman coming down the pike; tell it to them over and over, until it is so beaten into their heads that they will show the houses they represent that they cannot do business in South Carolina unless they can advertise in the *Journal.* DON'T FORGET THIS!"

When we, in a previous issue of the CRITIC & GUIDE called the attention of the medical profession to this dishonest, disgusting and frankly blackmailing editorial, its author, the jejune "editor" of the J. S. C. M. A., an immature ignoramus, whose standing as a physician is absolutely nil, began to twist and turn and squirt and squirm. He didn't mean that exactly, he said. He wrote hurriedly. He didn't mean to say that valuable, life-saving, non-replaceable products should not be used on our patients, if they are not advertised in his journal. He only meant to say that if several firms manufactured products of equal quality, then we should patronize the firm that advertised and boycott the rest. Granting, even, that that is what was in the editor's muddled brain, when he wrote this editorial, it is blackmail all the same. For it means pressure, coercion, threat. And these elements should be entirely absent from the policy of any

journal. They become horribly disgusting when they are employed by an official journal.

HAVE WE FALLEN SO LOW, HAS OUR NOBLE PROFESSON SUNK SO DEEPLY, THAT WE CANNOT AFFORD TO PUBLISH OUR OFFICIAL JOURNALS, UNLESS WE MAKE OUR MANUFACTURERS PAY TRIBUTE, BY THREATENING THEM WITH OUR DISPLEASURE, BY BOYCOTTING THEIR PRODUCTS? Answer this question, you pharisees and hypocrites, you false and faithless leaders, who are ready to sell the manhood and dignity of your duped followers for an advertising contract!

It is shameful the way some venal official editors, incapable of making a living with their practice, have been bartering the names of their State associations and using them as a club to compel manufacturers to contribute to their support. They are degrading and humiliating the entire profession in the eyes of the laity. For physicians' associations have no business to *fight* and *scramble* for advertising patronage; and when it comes to *threatening* and *blackmailing,* why the English language is not strong enough for proper characterization.

In a recent issue this same editor who is writhing with anger, because we dared to draw the profession's attention to his blackmailing propensities, tries to defend himself thus:

"A justifiable [who will decide whether it is justifiable or not] boycott, which does not involve persecution is not in the slightest degree objectionable to intelligent men. The action of our State Association [see how those editors always try to shield themselves behind their associations] cannot well be twisted into being a boycott, as is usually understood by that word [we will pardon the poor grammar] for it is not attempting to injure any one's business [!] or to influence any one outside of its own premises, but is merely asserting its plain prerogative to do business preferentially with those who do business with it, and its equally plain prerogative NOT to do business with those who do not co-operate with it. It is merely a matter of reciprocity. We are conducting a preferential campaign and not a boycott. Our journal has never advocated [but it has: see above] and will not advocate, that advertising with us is essential to patronage, unless other things are equal."

The above are Mr. editor Jervey's own words. As he really seems to be too thick to understand their vapid iniquity, we shall try to enlighten him. "A justifiable boycott." But who is to determine whether the boycott is justifiable or not? Any union that institutes a boycott against a concern considers it justifiable. Or will you ask the manufacturers? We can assure you beforehand, that under no circumstances will *they* consider it justifiable. You will have very great difficulty in convincing them of the righteousness of the boycott against their products *merely because* they do not consider it profitable or necessary to advertise in your

remarkable journal. Or will you submit the question to an arbitration board? You see, if you can see anything, that to speak of a "justifiable" boycott in such connection is the silliest inanity.

"The action of our State Association cannot be twisted," etc. We will tell you, that you are acting unfairly in trying to throw the blame on the association, in trying to make it responsible for your actions. The Association is *not* responsible for your idiotic editorial which showed your blackmailing propensities perhaps a little more openly than you wanted to. The South Carolina Medical Association does not consist of blackmailers. Nor should you hold it responsible for your billingsgate and bad syntax.

"It is not attempting to injure any one's business." Will any one tell us how boycotting one's products, advising every member not to use them, is *not* attempting to injure "any one's business"?

"Is merely asserting its plain prerogative to do *business* with those who do *business* with it, and its equally plain prerogative not to do *business* with those who do not *co-operate* with it."

What the ——? Is a medical association a *business* company? And is the publication of an *official* medical journal a business venture? And of what kind of reciprocity and co-operation should there be between manufacturers and physicians? It is the manufacturer's business to prepare the very best chemicals and pharmaceuticals, and it is the physician's duty to use the very best only. If the preparations are fraudulent, worthless or even only slightly inferior, they should not be used under any circumstances. If they are the best of their kind, they should be used, regardless of *all other considerations*. That's all there is to it. The manufacturer is under no obligation whatsoever to "co-operate" with the medical associations in the publication of their official journals, nor should any blackmail be levied upon him in order to pay the salaries of impecunious, practice-less, amateurish editors.

"Our Journal has never advocated and will not advocate that advertising with us is essential to patronage, unless other things are equal." Mr. editor Jervey seems to think that "unless other things are equal" gives him a kind of a loophole, a sort of justification. Perhaps we will be able to convince him that, even other things equal, his editorial-advertising propaganda savors too much of blackmail to be permissible even in a 12th rate journal. Let us say that A, B, C and D are manufacturers of pharmaceutical and chemical preparations all of equal excellence. If none advertise, all the four are equally well off. The physicians have no preference, and each therefore gets his share. But A begins to advertise in your journal. Then according to you, the physicians begin to use only A's goods and B, C and D suffer. For no reason really, for they have not done anything wrong or unethical. They simply did not go into your journal. Still you make them suffer. But you will say, let them advertise with us.

We assume that B, C and D, fearing that A will get their trade, finally decide to advertise with you. They all advertise and the physicians again have no preference and specify each firm's products indifferently. What have the firms gained then? They have gained absolutely nothing, for they are in exactly the same condition as if they did not advertise at all. In other words, they get no *quid pro quo*. They pay the money under pressure, and *paying money under pressure is blackmail, and he who receives money paid under pressure is a blackmailer.* Q. E. D.

And such a man dares to refer to respectable private journals as commercial journals. We have read medical journals for twenty years and we do not remember ever having read in their editorial or text pages a plea or an argument for advertising or a threat against unwilling advertisers. It remained for two or three of our official medical journals to sink so low.

A word about the consistency and ethics of the gentry of the Jervey kind, and we will have done. Those official gents all profess loyalty to the A. M. A. and to the Council of Pharmacy and Chemistry. They attack those journals who dare to criticize the Council or to accept ads of products not approved by the Council. In the same issue from which we took the previous extract occurs the following extract (June, p. 283): "In company with thousands of the most highly esteemed professional men in this country, and the whole world, we have lauded, and still laud, the efforts of the American Medical Association to suppress and eliminate certain products which do not conform to an arbitrary standard defined by, and satisfactory to, the A. M. A. itself, and itself alone."

The English is poor, but the words are highfaluting and the meaning unmistakable. Please read the passage once or twice more. "We have lauded and still laud the efforts to suppress and eliminate certain products," etc., etc.

Yes, he has lauded and still lauds and yet every single proprietary which Mr. editor Jervey advertises in his pages in the same issue is one that has not been approved, or has been distinctly exposed and condemned by the Council of the A. M. A!

Now what do you think of that? Can impudence go any lower? How a man like that can have the effrontery to associate with self-respecting men is a mystery which we despair of ever being in a position to solve.

Praise the American Medical Association and its Council, but do not neglect the shekels in the meantime, seems to be the motto of the official editors of the type of Jervey. How long will it last?

Well, we have said what we wanted to say. No more, no less. Enough for to-day.

Lucerne, Switzerland, August 18, 1908.

PLAGIARISM AND DOUBLE PLAGIARISM.

Several cases of flagrant plagiarism have come to light recently. This peculiar mode of misappropriation of somebody else's mental output has been practiced more or less from times immemorial. When poems and legends were transmitted principally from mouth to mouth, this was a safe method of thievery. It was difficult, often impossible to prove who the original author was of a certain piece of literature. But nowadays, when the authorship can almost always be proved so positively as to leave no doubt whatever in anybody's mind, the plagiarist is a much bigger fool than he is a knave. And whenever a case of plagiarism comes to light, I always feel more pity for the plagiarist than I do indignation. I always try to present to my own mind the motive, the mode of thinking and reasoning of other people, the logic by which another person arrives at certain conclusions or actions, but I could never understand the out and out plagiarist. It is almost impossible to imagine that the plagiarist believes that he will never be found out. He ought to know that people read now so much, so many different journals and books, use so many reference volumes, that one day or another his piece of foolishness would be brought to light. And still that must be it. He must be certain in his mind that the trick will never come out. For if he had only a doubt that he might be discovered—with the consequent publicity, shame and degradation—he certainly would never venture upon such a risky undertaking. Much safer to steal banknotes and jewelry—their ownership cannot always be proven. I say again, the out and out plagiarist is a bigger fool than he is a knave and we should pity him. And perhaps give him a fatherly advice not to do it again, as he was only hurting himself. This has always been my mode of procedure. I have had my pharmaceutical and medical writings, and my editorials filched times without number, but I never make a fuss. I do not mind hitting a rascal, but I do not like to drag the poor fools, who have not the brains to create anything of their own, and still want to shine before their fellowmen, into the public pillory. The punishment is too great for the crime.

Sometimes the desire to shine out as a writer brings very unpleasant consequences. A case of plagiarism created quite a little noise some four, five years ago, but the details have never appeared in print tho they have been known to a number of members of the Journalistic fraternity. They may be of interest to our readers. Dr. A. was very anxious to have his name in a high class medical periodical. He had sent in a number of contributions, but Nature had not endowed him with the gift of a writer and the contributions invariably came back. Dr. B's articles used to appear quite frequently. Dr. B was a "friend" of Dr. A and so Dr. A came on the brilliant idea to ask Dr. B to write an article for him. Dr. B, shrewd, unscrupulous and conscienceless, agreed.

The price was one hundred dollars, payable upon acceptance. The paper was accepted, the money paid, and in due time the paper appeared. The journal came out on a Saturday; on Monday a letter came to the editorial office stating that Dr. A's paper was one of the brazenest examples of plagiarism that have ever appeared in the medical press; pointing out, that the beginning and the end of the article were copied verbatim from a text-book which had recently made its appearance. The letter appeared in the following issue of the journal and Dr. A's feelings can be better imagined than described. His humiliation was even greater than his anger toward Dr. B who, he felt, and became afterward convinced, did the thing deliberately to disgrace him before his fellow practitioners and to hurt his rapidly growing practice. Explanations were demanded from Dr. A, but he left all letters unanswered. What could he answer? He was cited to appear before the County Medical Society; a friend then advised him to make a clean breast of the whole thing and the society would perhaps deal gently with him. But he said he would not stand the confession, that he asked another doctor to write an article for him, which he signed with his own name. He would rather stand convicted as a plagiarist. So he did not appear before the Medical Society to defend himself, and was expelled. Dr. B chuckled over the incident. But when some of his acquaintances began to cut him deliberately, and when one doctor who knew the entire incident, declared publicly during the discussion following the reading of a paper by Dr. B that he did not believe his case-reports, that he would not believe Dr. B under oath, and that he was willing to take the consequences of his words, then Dr. B, I believe, began to understand that his "smartness" was very near the verge of dastardliness, and that certain acts even we, easy going American physicians, cannot forgive.

In conclusion, I make a plea to deal gently with the plagiarist, especially the first offender. Let us treat him like a foolish child, and not like a criminal. Let us warn him and he will surely not repeat his offence; certainly not in the vast majority of cases. After all he hurts himself more than anybody else.

Aqua Sedativa consists of ammonia water, one ounce, sodium chloride, one ounce, spirit of camphor 1 1/2 ounces, water enough to make one pint. Makes a good local application in nervous headaches and very useful in compress for sprains and swellings.

We believe that the antimony compounds could all well be left out from the Pharmacopeia. Their therapeutic value is very problematical with the exception of tartar emetic. And this should also be discarded because its effect is very depressing and ipecac *internally or* apomorphine hypodermically are much superior.

A PAGE FROM THE LIFE OF PROFESSOR BEAUMONT.

By WILLIAM J. ROBINSON, M. D., New York.

It was a hot sultry afternoon in the month of August, twenty-five years ago. In the life of an individual twenty-five years is a long period, yet as I close my eyes I can see the whole scene as if I had witnessed it yesterday. I was at that time the proud—no, not very proud—owner of a drugstore on upper Third Avenue, Harlem—a place which used to be then, but is no longer now (for the rents are too high) referred to occasionally as Goatville. Business was rather slow that afternoon, as indeed it was most of the time, and I was not very sorry that it was slow. I was still very young and I much preferred the companionship of books to the prosaic work of selling Epsom Salts or Hood's Sarsaparilla (that was the favorite patent medicine of that period, peruna and liquozone not yet having been born), or making up pills and suppositories.

On that particular afternoon, I remember I was whiling my time away reading Hugo's *L'homme Qui Rit*. I must have been very much engrossed in Hugo's fantasy, for I heard no footsteps and looked up with a start on hearing a slight apologetic cough. Before me, on the other side of the counter, was standing a tall, gaunt, seedy—very seedy—looking individual. His stubby beard was of several days' or several weeks' growth; his eyes were sunken and so were his cheeks; his color was ashy gray; his shirt and collar had apparently not been changed for weeks and the necktie was noticeable by its absence. He wore heavy winter clothes in spite of the fact that we were in the midst of August and the thermometer registered 98 degrees in the shade.

"Poor Bum" was the first thought that flitted across my mind. Yes, a bum indeed in external appearance, and still when you looked a little closer you could not help thinking: "No, not altogether a bum, or if a bum, he has not always been one. He must have had hard luck." I laid my book on the counter and asked him what I could do for him. He shuffled and hesitated, and his face changed color, turning scarlet and then ashy-gray. I saw that the request came hard to him, and as I looked at him more closely I was convinced that I had to do with a fiend. Morphine fiends were the only fiends we had at that time. The anesthetic properties of cocaine had not yet been discovered then and we had no cocaine fiends. Nor were there any chloral or

ether habitués. I felt great pity for the fellow and told him again to say what he wanted and I would see if I could do it for him. He finally made his request and made it in excellent English, but in English which nevertheless betrayed the foreigner. And what he said was this: "Will you have the kindness to give me or sell me ten grains of morphine. I have not any money, but I shall pay you in a week or two." The man's request certainly nonplussed me and as I was going to interpose some objection, he began to talk volubly in French, noticing on the counter the French book that I had been reading. "Oh, please don't refuse me. No, I am not going to kill myself. I am addicted to the use of morphine. Yes, I know what you think of me. You could never think of me as badly as I do myself. But I cannot stand it any longer. I must have it. I have been tramping around the whole day, without food, have been in twelve or fifteen drug-stores, but in everyone they told me gruffly to get out. Please, please don't *you* refuse me. I must have it. I can't stand it any longer, I can't."

As he was nervously swallowing his words, I noticed that he was trembling all over and he had to catch the counter to prevent himself from falling. I waited no longer, but went to the poison closet, weighed out the morphine and brought it to him. I told him I would give him the drug, but he must promise me to go with me to the backroom and have something to eat. He seemed surprised, took a pinch of morphine—I judged about two grains—and went with me in the microscopic backroom—my friends will still remember it—where I sat him down in a chair and told him to make himself thoroly at home. Some color came to his ashy-gray cheeks and a look of gratitude overspread his face. As he removed his hat, I noticed his unusually high forehead, the forehead of a student. I personally prepared some coffee for my guest, and if I made the coffee exceptionally strong, it was with a double purpose; to stimulate his falling strength and at the same time to act as an antidote to the morphine. The initiated know that a strong infusion of coffee is a good antidote for morphine, both on account of the caffeine and the tannic acid that it contains. My guest drank three cups of coffee and ate several slices of bread and butter and felt much strengthened and refreshed—this was quite evident. He did not speak; neither did I, but I was becoming quite interested. As he got up to go, bidding me adieu, I told him: "No, not adieu, but au revoir. I will ask you

no questions, but you must promise to come to-morrow for breakfast." And I gave him a dollar, a whole dollar, which was a lot of money for me at that time—and asked him to take a shave and buy himself a shirt and a collar. I gave him one of my ties. He took the money simply, without ceremony and left. I was thinking of the fellow all night and was wondering whether he would come in the morning or not. He came, and I had great difficulty in recognizing him. It is remarkable what a change a shave and a clean collar and shirt front will make in a man. He came again the following day and he came for many, many more days. I used to take my breakfast and supper in the store—as thousands of poor druggists are still doing now—going out only for dinner, and those two meals I invited my unknown guest to share with me. As I said, he came for many, many days. And gradually I learned his sad story.

His name—we will call him Beaumont. First, because this is *not* his name, and second, because it is very *nearly* his name—in another language. His age was about 28; his nationality was Swiss. He spoke and wrote French, English, German and Italian correctly and fluently. He was a graduate of the University of Lausanne, from which he had the degree of Doctor of Philosophy. He knew "everything," but his favorite subject was chemistry, and in history and geography he was a walking encyclopedia. He was laboratory instructor and assistant in chemistry to Prof. P. at the University of B. His salary was a ridiculously low one—so low that with us in America it would excite a smile of incredulity if I stated it. On this salary he had to support himself and his old mother. He had been an only child. His parents were poor Swiss farmers, in fact peasants. His father died when he was very young. The mother was an intelligent and ambitious woman. Instead of putting him to work on the farm when he was thru with public school, she worked her fingers off, toiling literally every day from early morn till late at night, to be able to send her boy to college and then the University. Luckily, he was a good student, and he worked hard. At all the examinations he carried off most of the prizes. Fortune seemed to smile on him and his dream, his dream since early youth, to establish a nice comfortable home, so that his mother, whom he loved passionately, might pass the rest of her days in peace and comfort, seemed to be near realization. During his last year in the University he fell in love with a very sweet girl who reciprocated his affec-

He showed me her picture and I gladly admitted that it was a sweet and gentle face. And when he received his diploma *cum magna laude* and then got the assistantship in the University he was a very happy man. All went well. He entered into his work with enthusiasm. A year or two passed, and while his work was appreciated, there came no raise in his beggardly salary. The home was still a dream and his mother was getting older and weaker. He saw that on his salary he could never get married and support a wife and mother. He began to look around for other openings, but his efforts were not crowned with success. He became irritable, despondent, pessimistic—and therefore unjust. He began to think that he was being "held down" deliberately. He thought Prof. P. was jealous of his knowledge and would give him no chance to advance himself. Such a period comes into the life of almost every high-strung young man; when he sees that his dreams and ambitions are not being realized as rapidly as he, in his youthful ardor, expected, he begins to think that all the world has entered into a conspiracy against him. As just stated, he became irritable and unjust. He had a falling out with Prof. P. and within the same week he also quarreled with the light of his life—his sweetheart. He thought she was not showing him enough sympathy. In fact, in his falling out with Prof. P. she thought that Prof. P. was right and her beloved one was wrong. He resigned from the University, was too proud to ask forgiveness from his sweetheart—and as he had nothing to live for any more in Switzerland, he decided to emigrate to America, the land where it rains golden ducats and where it is only necessary to stoop down and fill your pockets with them. He expected that with his knowledge he would have no difficulty in obtaining a position at a salary which would quickly bring him to the realization of his modest dream: the establishment of a home. His mother was opposed to his going, but he was determined. She accompanied him to Pontarlier—on the Swiss-French frontier. It broke her heart to see him go—she said she would never lay her eyes on him again and he was the only thing she had in the world—and she sobbed and wept bitterly, something which he had never seen her do before. The hard working Swiss people are not in the habit of giving external vent to their feelings. His heart felt as if it weighed a ton and he became sick with nostalgia—a terrible feeling indeed—before he was an hour removed from the Swiss frontier. Of course he could not turn back—far better it

would have been if he had, right then and there—and so he came to America. He felt heavy, but he was buoyed up by hopes.

His disenchantment began at the very threshhold of the country. He was dumbfounded and deeply pained at the manner in which the emigrants at Castle Garden were treated by the officials. The handling of the crowd by the policemen was still worse—gruff and brutal. He was not used to such things. Coming from a republic, where the people are equal not only in theory but in fact, where the police and other officials look upon themselves as ordinary citizens and treat the poor and rich alike, with equal courtesy, he was deeply shocked by what he saw on the first day of his arrival into the land of the free and the home of the brave. A greater shock was preserved for him for the second day of his sojourn. He saw then an entirely new phenomenon. It may be remarked that Dr. Beaumont's hat and clothes were not of the latest American pattern. And then he wore a full beard, and what is still a worse offense in the eyes of the New York hoodlum, his hair in the back was quite long. We Americans are the only nation in the world that demands that everybody should look alike and be dressed alike and ours is the only country—perhaps I should only speak of New York—in which a man is hooted and insulted to his face, if he happens to, or dares to, look "different." And Dr. Beaumont did look different. He was walking in one of the upper Eastside streets, deeply engrossed in thoughts of the past and the future, with a heart as heavy as lead, when all at once he noticed himself surrounded by a mob of little urchins, who were hollering something, to him unintelligible. He at first thought that the boys were asking for a penny; he had met such crowds of boys, asking *"un soldo, signore!"* in different parts of Italy. He soon discovered, however, that the urchins were not begging. After a while he could distinguish the word "whiskers," and he finally made out that the future pillars of the American republic, our future citizens and sovereigns, were advising him to get a haircut. Very soon pebbles began to fly and one of them knocked his hat off. More than a year had elapsed since this apparently trifling incident and still when he related it to me, his voice was trembling and there were tears in his eyes. He told me he felt so heartsick, that he would have welcomed death at the moment. Had he been attacked by footpads and robbed, he would not have felt so badly. Every large city has some tough characters, but something, he thought, must be or-

ganically wrong in the life and the education of the United States of America, if the children—not only the guttersnipes, but the children of the apparently well-to-do, for many of them were well dressed—could be so utterly devoid of respect to their elders, so impudent and so malicious. His shock was particularly severe, because the thing was so entirely new to him, so unusual. He had seen very poor children, he had seen street urchins, but he had never seen urchins with enough brazenness and impudence in them to dare to jeer at and insult a passer-by. You can go thru Switzerland from one end to the other, and be you native or foreigner from a thousand miles away, you will be greeted by whomever you meet, young or old, with a friendly good morning, good day or good evening, or the peculiarly Swiss *Gruss Gott!* And now here in the great United States of America he, the Swiss savant, to be insulted by street gamins. He felt disheartened, disgusted and he would have returned to his native land the next day, but for the feeling which keeps so many of us—shame. Many young men and women who leave their native nests to hunt for fame and fortune elsewhere would quickly return to their homes, but for that feeling, shame; shame to face their friends and relatives and to acknowledge their failure, to confess that their flight was a mistake, that their wings were too frail and feeble. To some this feeling of shame proves a blessing, for eventually they attain their objects and realize their ambitions. To others it proves a curse. And so it did to Dr. Beaumont. He felt disheartened from the start. He advertised for a position, and answered advertisements, but the few interviews he had did not turn out satisfactorily. He was utterly devoid of the quality so important in our country, namely, *push*. The few hundred francs he brought along looked very small when changed into dollars; and those few dollars were going rapidly. His mother's letters, tho full of love and encouragement, were giving him great anxiety. He felt that all was not well with her, as he knew that her mother's intuition told her that all was not well with him. After about six months of disheartening idleness he obtained a position as laboratory instructor in the College of Pharmacy. He worked conscientiously, but his heart was not in the work. To teach boys who had no preliminary education, many of whom did not know how to do a simple multiplication or division was very irksome to a man who had been used to teach people with a college education. But he probably would have kept on with his work—if not

for the severe accident, to which he nearly succumbed. One evening he was walking along 23d street absorbed in thought. This being absorbed in thought while walking the streets of a large city is, by the way, a very bad habit and should not be indulged in. The writer once came within a hair's breadth of being crushed, and it reminds me that it cost Prof. Curie, the discoverer of radium, his life—a precious life prematurely crushed out by a stupid Paris express wagon. Yes, one evening he was walking along 23d street. He was about to cross Broadway—but he remembers no more. In fact, the next four, five months were almost a perfect blank to him. He was taken to Bellevue—the hospital in which people are treated with so much kindness, gentleness and consideration, and there he stayed for nearly five months. A depressed fracture of the skull, a compound fracture of the tibia and some internal injuries were the principal results of the too close contact of the heavy express wagon with Dr. Beaumont's body. One doctor was anxious to amputate his leg, but saner and more conservative counsel luckily prevailed and his leg was as good as ever, except for an occasional twinge. He suffered atrocious pain, and they kept him most of the time under the influence of morphine. And in our city hospitals they are not very stingy with their doses. Cries and groans are not pleasant and the nurses and orderlies prefer to keep the patients quiet. Anyway, what do those homeless patients after whom nobody comes to inquire, amount to? Nobody came to inquire after Dr. Beaumont. Or, at least, if somebody did, he didn't know it. When he finally got out of the hospital, he found to his horror, that he was a morphine fiend. He had to have some of it every day, or two or three times a day. He tried to fight against it, but it was in vain. He could partake of no food, felt weak and fainting like, had pains in the head and was utterly unable to sleep, unless he took a grain or so of morphine. He felt he was not morally to blame, but he despised himself for his weakness. He consoled himself, however, with the thought that as he got stronger and the pains in his head disappeared, he would be able to break the habit. But of course it only got a stronger hold on him.

The first thing he did on leaving the hospital was to go for his mail. His landlady, from whom he hired a room, had moved, but after a search of several hours he located her. He was handed five or six letters, which had been received during the first

six or seven weeks of his illness. The letters that came after, his landlady told him, were returned to Switzerland, as she did not know whether he would ever come back. The thing that caused him the greatest suffering from the moment he regained consciousness in the hospital was the thought of the terrible anxiety that his poor old mother must have felt at not receiving any letters from him for so long. This suffering became more acute, as he perused the letters, for these letters were not letters; they were a woman's anguish cries, they were the frantic appeals from a breaking heart, they were the agony prayers of a mother to her son to write, to come back, to let her know that he was at least alive. But to all these letters he could send no reply. And when he realized what effect the returned letters, with the stamp across: "not found," must have had on his mother, he collapsed. He fainted dead away. He was brought to, and but for the thoughts of his mother, he would have ended it right there and then. So he told me. But the thought of his mother spurred him on to activity. Tho his funds were very low, he went at once and sent a long cablegram to his mother, stating that he had been sick, but was now perfectly well and that he was mailing her a letter with all details. He then mailed her a letter, and then another and another. He wanted to compensate her for her suffering. But now his turn came. No letter came in reply. He lost his appetite entirely, was unable to sleep, and to keep on his feet at all he had to increase the doses of morphine and their frequency. He lost all ambition and became utterly careless of himself. He finally wrote a letter to an official in his native town and received the grewsome news that his mother had died some two months ago. The poor woman could not bear the loss of the son she loved so passionately. The brief official notification of the death of his mother was received by Dr. Beaumont on the morning of the day on which this story opens. As the full significance of the news became clear to him, he decided to end his life that very day. He had nothing to live for. America had become hateful to him—it brought him nothing but suffering and humiliation. To go back to Switzerland—his funds were entirely gone; he had spent his last quarter. And go back for what? His mother gone, his sweetheart lost, the prospects of a University position very poor—what will he do in Switzerland? Especially, with this terrible morphine habit fastened upon him. No, the best thing, the only thing to do was to make an end of this miserable

existence. Another failure added to this world's numberless failures, another grave added to the thousands of nameless graves. And Dr. Beaumont confessed to me that the morphine he was asking me for on that bright and sunshiny, but to him dark and gloomy, day was not to appease his morphine hunger; it was for the purpose of ending his life. The highest single dose he was used to was two grains, and he knew that ten grains taken at once would put him into a sleep from which there was no awakening, would send him to a country, from which no one returns.

Many weeks later I asked Dr. Beaumont what made him change his decision. Why, instead of taking the morphine I gave him all at once, he took only a small, to him harmless, dose. He thought a while and then replied: "It would be hard to say. Your giving me the morphine and your sympathetic look were a balm to my wounded soul. And then I was so ravenously hungry, just at that time, that when you mentioned taking a bite, I simply could not resist the temptation. I thought I could take the balance of the morphine after I had eaten something."

I became deeply interested in Dr. Beaumont. I tried to do all I could for him. I was convinced, however, from the start that the United States was no place for him. With his modesty and shyness, his utter lack of push and bravado, he would have a hard road to roe. Should he ever reach anything, it would take him ten years to reach the same position that he could reach in his native home in two or three years. Certain people, like certain plants, do not bear transportation to foreign soil. Despite all endeavors, they never get acclimatized. Dr. Beaumont was such a tender plant. I asked him if he did not think it would be best for him to return to Switzerland, and from his reply I was convinced that that was now his constant dream. He was getting stronger, hope began to spring in his breast and I noticed that his will power in fighting the morphine habit was gaining strength. Only some help, some encouragement, something to make him feel that he still had something to live for, and the battle would be won. I decided to take things into my own hands. Without telling him anything about it, I wrote a letter to Mlle. J., Dr. Beaumont's sweetheart, who I knew was still occupying his heart and brain. I wrote her as follows:

"I am Dr. Beaumont's friend. I am the only friend he has in this country. Things have been going badly with him since he came here. And they have been going from bad to worse. He

met here with a severe accident which nearly cost him his life and which confined him to a hospital cot for five months. He is still a very sick and despondent man. America is no place for him. The only thing for him to do is to return to his native land, and the sooner, the better. He needs encouragement—can we expect it from you? I write without his knowledge and consent. But I do know, that there is now but one person in the world of whom he constantly thinks and for whose welfare he is constantly praying. Most respectfully yours,

WM. J. ROBINSON,

A sincere friend of Dr. Beaumont."

Thus ran the somewhat childish letter. But in about 18 or 19 days I received a note thanking me for my letter and enclosing a letter for Dr. Beaumont. When Dr. Beaumont came that afternoon, I told him rather negligently, that I had a letter for him, tho I did not know if it would interest him. When he saw the address on the envelope, he began to tremble all over and after he glanced thru it rapidly, he, with Gallic effusiveness and sentimentality fell on my neck, kissed me and then began to sob like a child. I never knew what the letter contained, but from that minute he was infused with new life and ambition. I had also written a letter to Prof. P. merely stating that Dr. Beaumont had been dangerously ill for many months, that his health was bad now, that I believed the New York climate did not agree with him, and asking if there would be an opening for him in the University, if he came back. In due time a cordial note came from Prof. P. to the effect that Dr. Beaumont could have his old position back whenever he returned. There was another rejoicing.

In the excitement of the preparations, in his anticipation of again seeing his beloved Switzerland and his beloved fiancée, Dr. Beaumont became another man. For three consecutive days he "forgot to think" of his morphine, and when on the fourth day the desire made itself felt, he resolutely combatted and overcame it. And I believe I can assert with positiveness that for the next two weeks, until he embarked for Europe, Dr. Beaumont did not touch a drug. There was some embarrassment at first as to the wherewithal to buy the steamship ticket, a decent suit of clothes, etc. I decided to advance the money, tho Dr. Beaumont decidedly objected to the plan. He thought he had been enough of a burden to me, etc. We were relieved, however, of all further

discussion on the subject by the arrival of a draft from Mlle. J. for 500 francs. She wrote with feminine delicacy that in the present state of his health he needed to take particular care of himself, and she begged him to accept the loan of 500 francs, to purchase extra wraps, etc. "God bless that little girl. She guessed that I did not have money for the fare," was the remark Dr. Beaumont made.

A week later I saw Dr. Beaumont off for Europe. I was the only one to accompany him to the steamer. Some three weeks later I got a letter from him informing me that he arrived safe and sound and telling me that his desire for morphine was but slight and that he had no difficulty in overcoming it. He was to receive his appointment in the University in a few weeks. I received at the same time a letter from Mlle. J. thanking me in most extravagant language for all I did for Dr. B.

During the first six months I kept up correspondence with Dr. Beaumont pretty regularly. Then it began to lag. I failed to answer one or two letters, or perhaps I answered them too briefly. I then took up the study of medicine, and when one studies medicine earnestly, he has no time for anything else. For three years I wrote and answered no letters. I acknowledged but two communications from him—the one in which he notified me that Prof. P. died and that he was appointed in his place to the full professorship, and the invitation to his wedding. For two or three years more we exchanged occasional brief letters—and then our correspondence came to an end. I suppose it was principally my fault. I got too many irons in the fire, I got too many new interests, I did a lot of studying, reading and traveling, and I had no time to write letters. And so Doctor, now Prof. Beaumont, became but a vague, hazy memory. He went out of my life, as many friends do whom we think we will never forget to the end of our days. Our present hurried and work-yourself-to-death mode of life is not conducive to the old-time life-long friendships.

* * * *

A week ago to-day we went up the Brienzer Rothorn, that magnificent peak which rises 7,800 feet above sea level and the view from which in fine weather may justly be considered one of the finest in the world. As I was enjoying the unforgettable sight, as the gigantic mountain chains, the snow-mantled peaks, the beautiful valleys and the numerous lakes were coming into

view, illumined by the rising sun, I noticed a party of tourists with Alpenstacks and knapsacks, clambering up the Rothorn-Kulm. That is not a rarity and I paid no attention to them. I soon became aware, however, that I was the object of stolen glances and animated whisperings. The party consisted, I noticed, of an old gentleman, a middleaged woman, a young lady and two sturdy boys of about 15-17 years of age. I continued to drink in the magnificent scene before me, but I could not help noticing, that whatever the cause might be, I was an object of great interest to the new comers. Finally, after some evident hesitation, the old gentleman came up to me.

"Pardon me for intruding myself upon you. Are you Dr. Robinson?"

"Yes." My astonishment was greater than my delight.

"Of New York?"

"Of New York."

"I thought so. I was almost certain. And do you know who I am?" he asked, with a smile.

I scrutinized the kindly face most searchingly, but search my memory as I might, I could get no inkling as to who the old gentleman might be. In fact I was inwardly sure that I had never seen that face before.

"I regret to say I do not know to whom I have the honor to speak," I replied.

"Then your kindness is greater than your memory. I am Prof. Beaumont."

In a flash the incidents of twenty-five years ago came back to me. But I was not surprised at my utter failure to recognize my friend. Twenty-five years ago his hair was jet black and he wore no beard. Not when I saw him. He followed the advice of our noble citizens *in futuro,* who reminded him frequently that he wore whiskers and long hair, and who insisted that he employ the services of a barber. He did. Now the top of his head was bald, his hair in the back was very long and white and he wore a long gray beard. His eyes *then* had a timid, hunted and bitter expression; now they looked upon the world kindly, confidently and smilingly. No, I am not surprised that I failed to recognize him. It was only after an hour's conversation that I began to see some identity in the features of the Prof. Beaumont of now and of twenty-five years ago. Our delight was mutual and great. We forgot the Engelberg, Appenzell and Bernese Alps that were

towering above us; we forgot the beautiful Hasli Valley and the beautiful lakes of Brienz, Lucerne, Sarnen, Neuchâtel, etc., etc., that were lying at our feet. We forgot even the magnificent sunrise, which one can only see on the Alps—we forgot what we went up the Brienzer Rothorn for, for we had so much to talk about. I was introduced to his wife, (who if possible was even more delighted that her husband, to see me) and to his three children. I was invited to see them at their home. I gladly accepted the invitation and the three days I passed there are the pleasantest I have ever passed in Switzerland. Prof. Beaumont's position is now absolutely secure. His researches in organic chemistry have established him as one of the three greatest authorities in that important branch of science. I was rather surprised at the opulence, nay, even luxury of his establishment. Professorships in Europe do not pay so well. I asked him if his position brought him an exceptionally large income. "No, on a professional salary in Switzerland one can live but very modestly. Here is something that pays better." And he showed me three patents which had been granted him. One was an improved process for the manufacture of sulphuric acid, one was for a dye for fabrics and the third one, I was surprised to learn, was a patent for an organic silver salt which I had been using in my practice for years. Of course I never thought of ascertaining the names of the patentees of every synthetic article. He had sold the patents, but was receiving royalties. I told him, laughingly, that I did not know I was enriching him every time I prescribed ——, but I was glad that such was the case. He said: "Well, you are only doing what you started out to do twenty-five years ago." I told him I thought it was best for him never to think of or refer to the past. He answered: "I don't mind it. I have repeatedly spoken of it to Mme. Beaumont. It was the darkest page in my life, but towards the end it became illumined with bright and warm rays. It renewed and strengthened my faith in humanity—a faith without which no one can live or work properly."

An idea suddenly struck me. "Would you have any objection, Prof. Beaumont, to my writing up and publishing the entire incident?" I asked.

"None whatever," he answered without the slightest hesitation. "On the contrary, I shall be glad to have you do it. It may do some good. I hope it will."

And so with my impressions freshened by the meeting with Prof. Beaumont I have written down the little story. With the exception of one detail, I have described everything just as it occurred, or at least as it appeared in my memory.

If there is any moral to be drawn from this story, it is this: Always help a stumbling brother—or sister. And in the book of good deeds the credit given you will be so much the greater, if the stumbling brother or sister happen to be a stranger in your land.

I believe that the Bible contains also something to this effect.

Brienz, Switzerland, August 14, 1908.

It is refreshing to hear one speak straight from the heart, untrammled by personal interest and with no other ax to grind than that which he ever grinds for the fraud and the fakir, regardless of place or position, as does W. J. Robinson in the CRITIC & GUIDE."—*Amer. Journal of Clinical Medicine,* July.

"We do not know how many of our readers are also readers of the CRITIC & GUIDE, but we could wish that breezy periodical reached them all. Its editor has the scholarly mind, combined with a versatile wit, which makes the handling of abstruse topics interesting; his sermons are never without point and are never dry."—*Medical Fortnightly,* August 10th.

". . . The CRITIC & GUIDE is a sort of Iconoclast among medical journals. It is published by Dr. W. J. Robinson, a distinguished New York physician, with opinions of his own. These opinions he boldly asserts and defends, greatly to the consternation, now and then, of his more placid confreres."—*The Sun* (Baltimore), August 30th.

". . . Editor William J. Robinson, an editor who is fearless in his writings, and yet a man who cannot be considered in any sense a knocker in the building of a greater and united profession. We trust our readers will read him carefully and see if he does not hit the nail squarely upon the head."—*The Texas Courier-Record of Medicine,* August.

"It is only occasionally we have the pleasure of reading the CRITIC & GUIDE and we hope you will kindly place us on your exchange list."—*The Medical Counselor.*

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Should Pyrexia by Treated?

The contradictions that we occasionally encounter in therapeutics are sometimes exasperating. We have heard so much about the irrationality and the danger of giving antipyretics in fever, that the practice is looked upon by many as almost on a par with malpractice. Now comes Jendrassik, a man who is not to be poo-poohed by any means, and says that antipyretics are useful and should be given thruout the entire course of pyrexia. Dr. Robert Main writes to the *British Medical Journal* to express his full agreement with Jendrassik's views. He says that he has given antipyretics continually during the course of typhoid fever for the past twelve years, and with the most satisfactory and successful results, without ever noticing any untoward symptoms. He uses acetanilid, and this he gives in doses of 4 to 12 grn., dissolved in brandy, every six to eight hours, according to the height of the pyrexia and the age of the patient. He treated over a hundred cases of typhoid without a single death, and the convalescence in his cases has been unusually short.

Now, where are we at? The truth in this as in many other cases is probably in the middle. When pyrexia is mild, it might be left alone or treated hydrotherapeutically; antipyretics in small doses, carefully administered, guarded by a cardiac stimulant, are not dangerous. But hyperpyrexia must be combated promptly and energetically.

Metallic Mercury in Intestinal Obstruction.

The method of treating intestinal obstruction with large amounts of metallic mercury—1/2 to 3 pounds at a dose—is a very old one. It is now obsolete, and the physician who would try this method would probably be looked at askance. One of those ignoramuses whose special mission seems to be the ridiculing and blackguarding of the medical profession recently took this method up as a text to dilate on the stupidity and brutality of medical science. Nevertheless our ancestral practitioners were not altogether so ignorant and stupid as some painfully recent graduates are apt to think. The method was successful in probably a large majority of cases, and very recently a physician, Dr. J. McKean Harrison, reported two cases of acute intestinal obstruction relieved by mercury. The first patient was a man of sixty: his bowels had not moved for nine days, the abdomen was greatly distended, there was vomiting, hiccough, etc. His friends refused an operation, tho the condition was most serious. Half a pound of mercury was administered; next morning he felt easier and was able to retain liquid nourishment. On the follow-

ing day his bowels moved and he of course felt much better. On the seventh day after the administration of the mercury the patient was able to leave bed; the mercury came away on the tenth day. The second patient was a man of eighty, who was taken suddenly ill with great pain in the epigastric region. Aperients, belladonna, etc., failed to produce the desired effect, and the patient was getting worse. Finally, when the condition seemed hopeless, the patient apparently sinking, half a pound of mercury was administered and a grain of opium every four hours. Several hours after the administration of the metal the patient's bowels moved and he passed a good deal of flatus. He soon became distinctly better, his mind was clearer, and he was able to keep down nourishment. He made a satisfactory recovery. The mercury came away twelve days after the administration. As is seen, there is something in the method after all. In neither of the cases were there the slightest symptom of mercurialism nor did the mercury produce any increase in the abdominal pain.

The Balloon Treatment of Anaemia.

Dr. Naugier, of Paris, has found that a balloon voyage in the upper air strata for an hour or two results in a very notable increase in the number of red blood corpuscles, which increase persists for quite a considerable time. There is, so far as we can see, nothing antecedently improbable in this assertion, and it seems likely that balloon ascents may, in the not distant future, prove of the utmost service in cases of severe anemia. Should this prove to be the case, the provision of "hospital balloons," as suggested by Dr. Naugier, may prove an efficient and little expensive means of providing a literal "change of air" for those unfortunate denizens of cities who are unable to compass such a desirable result in any of the more usual ways.—*Caillé.*

In Acute Coryza.

Camphor	1 dram
Menthol	30 grains
Chloroform	3 drams

Inhale a few drops from the palm of the hand or from a piece of cotton. Gives great relief in acute coryza.

We are in the habit of thinking of ipecac only as an emetic and expectorant. We forget that it is a very powerful remedy in acute dysentery and that one of its oldest titles was radix antidystentericus. Its antidysenteric properties were known in the 17th century. In doses of 30 to 60 grains the pain and tenesmus disappear, the stools diminish in frequency and improve in character, and there is amelioration of all the constitutional symptoms. Ipecac which has been freed from emetin is preferable in the treatment of dysentery.

Irregular and Painful Labor.

Dr. C. N. Miles recommends the following prescription as especially applicable in primiparæ during the first stage of labor, when the patient is nervous and irritable, and the os rigid and undilatable:

Ammonium Bromide Chloral Hydrate Sodium Bromide Potassium Bromide	of each..	10 grn.
Tinct. Orange.....		10 min.
Strychnine Sulphate.....		1/30 grn.
Tinct. Calumba.....		10 min.
Chloroform Water.....to make		1 oz.

For one dose.

While the mental anxiety and the pains are relieved to a great extent by this combination, the progress of labor is not interfered with in the least.

Mouth Wash.

The following is very good for inflammation of the buccal mucous membrane:

Boric Acid.....	3 dr.
Oil Cassia.....	1 dr.
Carbolic Acid.....	1 dr.
Chloroform.	1 dr.
Alcohol.	3 1/2 oz.
Oil Peppermint.....	10 drops.
Glycerin, to make.....	8 oz.

Put half-teaspoonful in glass of water, and use as a mouth wash.

Poisoning by Diachylon Plaster.

Cases of poisoning by Diachylon or lead plaster taken for the purpose of producing abortion are very frequent in England, and the medical journals contain frequent contributions on the subject. Some women are ill for weeks, and as the cause of the condition is either wilfully or ignorantly concealed from the doctor, the physicians are often puzzled. The tell-tale slate line on the gums, however, generally gives the correct clue. The plaster is procured from the drug store and rolled into pellets, or is bought in the latter form from "friendly" women.

Laryngismus Stridulus.

Attacks of laryngeal spasm in infants and young children have on several occasions been found to be associated with elongation of the uvula.

Bromine as an Antiseptic.

Dr. G. C. Kinnaman (J. A. M. A., Feb.) has made a very exhaustive investigation of the antimicrobic properties of bromine. His deductions are:

It differs from an ideal antiseptic in that:

(a) It is hard to prepare, being extremely irritating to eyes and mucous membranes.

(b) It is very unstable, having to be kept in a glass retainer. Even then it loses its power gradually, hence fresh solutions have to be made frequently.

(c) It is not markedly penetrating.

(d) It has to act for a considerable period of time to be effective on all micro-organisms.

(e) It coagulates albumen.

It approaches an ideal and antiseptic in that:

(a) It is non-toxic and non-irritating in a strength that is effective.

(b) It does not produce an appreciable stain.

In order to be effective on all classes of micro-organisms a 1 per cent. solution must be used for the period of one hour.

Diuretic Mixture.

Potassium citrate, 2 1/2 dr.; potassium bicarbonate, 80 grn.; spt. nitrous ether, 6 dr.; fld. ext. triticum, 6 dr.; syrup of lemon, 1 1/2 oz.; infusion of flaxseed, 15 per cent. [macerate the whole flaxseed in *cold* water for half an hour, and strain], 5 oz. A tablespoonful in a glass of water, every one to three hours, until diuresis sets in.

Endometritis.

In fungous endometritis and in the metrorrhagia of uterine fibriods potassium iodide is well worthy of trial. It may also be tried in cases of threatened abortion.

On Full Doses.

I believe that very often if we were to push our drugs, especially mercury, a little further, in the way our predecessors did seventy years ago, we might sometimes get better results.—*Sir Lauder Brunton.*

Nocturnal Incontinence.

Cases of this condition in children and adolescents are sometimes improved by ordering the patient to bed for an hour or so in the middle of the day.

Quinine in Graves' Disease.

Quinine sulphate, given in a dose of five to fifteen grains at bedtime, has in some csase of exophthalmic goitre been followed by marked improvement of the symptoms.

Flatulent Dyspepsia.

Three drops of oil of cajuput on a piece of sugar or on crumb of bread, taken frequently, is worth all the other anti-fermentatives put together. It is not only antiseptic but agreeable.

Avoid the use of glycerin suppositories in hemorrhoids which have a tendency to bleed, as the suppositories frequently act as an exciting cause to hemorrhages.

Powdered resorcin makes one of the best and most efficient applications to condyloma. They dry up and fall off in a few days.

In Enuresis.

Strychnine sulphate	1 grain
Cantharides	2 grains
Morphine sulphate	1½ grains
Reduces iron	20 grains

Divide into 40 pills. One 3 times a day for a Child 10 years. *Gross.*

In Epilepsy.

Potassi Bromidi,	
Sodii Bromidi,	
Ammonii Bromidi	aa ℥iij
Potassii Iodidi,	
Ammonii Iodidi	aa ℥jss
Ammonii Carbonatis	℥j
Tinct. Calumbae	℥jss
Aquae q. s. *ad.*	℥viij

M. Sig. A teasp. and a half before each meal, and 3 teasp. at bed-time.—*Brown-Sequard.*

In Ivy Poisoning.

A mixture of quinine and water applied in ivy poisoning is claimed by some to give prompt relief.

In Bed-Sores.

This will cure practically any case of bed sores. Wash frequently with a solution consisting of two drams of ammonium chloride, 4 ounces of water and 12 ounces of alcohol. Dry gently and powder with stearate of zinc. Of course the patient's position should be changed ferquently and rubber air cushions should be used whenever required.

A 25 per cent. solution of menthol in ether, applied several times a day to commencing boils and carbuncles will frequently abort them.

Sodium Chloride.

Sodium chloride, besides being a condiment has more uses in medicine than any other single salt. For medicinal purposes, especially of course for infusion in shock and hemorrhage, it should be used only when of Pharmacopeial purity.

Pilocarpine is not only a diaphoretic and sialogog, but is an active gelactagogue.

A physician should refuse absolutely to give a prognosis as regards the life of a child born of an eclamptic mother. For in spite of apparently doing well many of these children die within a few days after birth from some manifestation of toxemia.

Aspidium, or male fern is one of the most ancient drugs in use. It is mentioned as a vermifuge by Galen and Pliny. It is still the most efficient vermifuge we have for tape worm.

The Action of Drugs as Affected by Dosage.

It appears to us that one of the problems to engage the attention of the twentieth century therapeutists and pharmacologists will be the action of drugs as influenced by the dosage. This part of pharmacology has been neglected too much. There are hundreds of drugs whose action not only varies under different dosage, but is diametrically different. Ipecac in very small doses allays vomiting; in large doses it excites it. Cocaine in small doses excites the reflexes; in large doses it depresses them. In the case of a number of drugs it will therefore be insufficient in the future to attach a label—depresso-motor, excito-motor, emetic, etc. The different action in different doses will have to be stated.

We have gone thru a number of text books looking up the etiology and the treatment of a cold in the head and bronchitis. In not one of them is it mentioned that these exceedingly annoying and obstinate affections are sometimes due simply to overeating and that the best treatment in such cases consists in emptying the gastro-intestinal canal and refraining from solid food and liquids for 24 hours.

The greatest and hardest brain workers in the world have lived longer, on the average, than brain workers of ordinary ability and industry. But hard brain work does not mean worry.

Dupuytren, the most famous of French surgeons, died of an empyema, refusing to be operated on. He said he "would rather end his life thru God's hand than that of a surgeon." Why are some of the world's greatest surgeons so averse to subject their own selves to the knife?

The Nervous Woman from the Gynecologist's Standpoint.

By EMORY LANPHEAR, M. D., Ph. D., LL. D., St. Louis, Mo.

Professor of Surgery in the Hippocratean College of Medicine.
Consulting Gynecologist to the Ellen Osborn Hospital, etc.

Many women become neurasthenic from masturbation; more from incomplete sexual intercourse, i. e., copulation without attaining the orgasm. Both groups are apt to become dissatisfied with life, neurotic, depressed, unhappy and develop into either chronic invalids or chronic scolds.

Habitual "nervousness," irritation and lack of control may in a majority of cases be ascribed to the same cause.

The depression of the entire system denominated "sexual neurasthenia" is characterized by loss of vigor of both body and mind, by lack of efficiency and want of endurance, so that at last the sufferer becomes alarmed and consults a doctor for "anemia," "falling of the womb," "female disease," "nervousness," etc. Functional disorders of various kinds and degrees follow and are often treated by physicians who do not suspect the underlying sexual cause or, who suspecting, have not the courage to speak of the cause and its remedy. Many of these patients merely complain of vague aches and pains and of excessive worry—often over trifles thin as air. "The sense of proportion" is frequently disturbed, so that the victim is unable to distinguish between essentials and non-essentials, little things causing annoyance, momentous events passing unnoticed. A state of irritable weakness ensues with prominent susceptibility to embarrassment, or hysteria supervenes, with its manifold symptoms and complications—indeed some gynecologists believe that all hysteria is but a form of sexual perversion of abnormal development. Precociousness, especially in music and art, is undeniably often dependent upon undue sexual irritation (in both sexes) and often associated with masturbation even in very early life. So, too, excess of religious zeal is almost invariably traceable to unsatisfied sexual hunger or as "expiation for the crime (!)" of self-abuse.

The young woman who complains of chronic backache, headache, neuralgia of the ilio-hypogastric nerve (generally diagosticated as "ovaritis" or "ovarian irritation" or "ovarian neuralgia"), with prostration, inability to study or concentrate the mind, or to work because of fatigue on slight exertion, may at once be set

down as a masturbator (if not gratifying her sexual desires in a normal way to an abnormal extent). Anemia, of course, is present and must not be neglected in the treatment of the trouble; but it is purely secondary to the sexual irritation or the too oft repeated orgasm.

Many women have the habit of titilating the clitoris, or otherwise carrying themselves almost but not quite to the culmination—the orgasm; and then "letting down," repeating the act time and time again in the belief that they are not doing any harm unless the orgasm is produced. These are the women who suffer from "whites"—the leucorrhea of virgins; the worst of anemics; the most pronounced hysterics—the chronic invalids; the cranky old maids; the dissatisfied wives of normal men—for after a long time they often become incapable of attaining the climax of the sexual act by any sort of fondling or of irritation.

The "weariness" of which these women complain is dependent upon the psychological state rather than any serious deterioration of the nervous system or the muscular.

These people often, under excitement, or proper environment, become brilliant conversationalists, distinguished musicians, celebrated painters or artists or great leaders in the cause of "reform." But many, of less natural ability sink into a state of chronic depression; self-conscious, distrustful of themselves, suspicious of others and end as misanthropes, hypochondriacs or even suicides; always provided the trouble is not recognized in time and corrected.

The worst of these sexual neurasthenics are the married women whose husbands do not succeed in inducing the orgasm. Incompleteness of the sexual act on the part of the woman leads to (1) sexual frigidity by persistent effort to subdue all sensual feeling and thought, (2) completion of the act by masturbation after the withdrawal of the male, (3) infidelity, i. e., the seeking of a man who can gratify the sexual desire or (4) divorce and a second marriage.

This sexual neurasthenia does not, usually, tend to shorten life, unless masturbation be carried to such an extent as to interfere with the general nutrition—just as may sexual excesses. If the abnormal sexual gratification be discontinued or if the abnormal be superseded by normal methods of inducing the orgasm (that is, if conditions which lead to neurasthenic symptoms be remedied) the condition may readily be cured; tho when there is an inherited neurotic element to contend with, the treatment may have to be long-continued, and in the worst cases change of environment become necessary. Relapses are frequent.

In some instances the "nervousness" consists almost exclusively of mental symptoms: melancholia, hypochondriasis, and hysteria being more often seen than the more serious forms of mental aberration. Other patients show perhaps an unusual degree of physical strength and endurance—"perfect pictures of

health"—but as a result of the excessive number of orgasms on the one hand, or repressive efforts on the other (each equally damaging), they cannot bear even slight emotional strains without great mental suffering. Most cases formerly regarded as "spinal irritation," "ovarian neuralgia," "irritable weakness from female troubles," *et id omne genus,* are but manifestations of sexual neurasthenia. As Malchow says, "these patients are frequently self-conscious and distrustful of themselves and eventually become suspicious towards others, and acquire a feeling of dread and isolation; some can hardly persuade themselves into a positive decision or exertion, but when under the influence of some excitement they may act with energy and intelligence." (This is true of sexual neurasthenia of men as well as of women).

The cases which do not yield to treatment after marriage are usually those in which the girl has become so addicted to masturbation that she continues it after marriage. These are the women who declare marriage to be a failure.

Some women suffering from this trouble seem to have stable minds, even brilliant intellects, but on slightest provocation develop dyspepsia, or insomnia, or neuralgia or profound anemia with collapse—associated with morbid fear, dread, worry, or unexplainable fits of depression; with morbid irritability, the even-tempered woman becoming a nagging scold, or complaining wife and mother —dissatisfied, ugly and morose.

Many women erroneously believe they will not become pregnant unless they "go off"; therefore for months and years they permit themselves to be carried to the heights of sexual excitement without once getting gratification. Others there are—married as well as unmarried—who have their clitorides irritated (by either themselves or some other sexual pervert, male or female) until they nearly reach the orgasm—and then permit the excitement to subside for a few minutes, then repeating the act just to the verge of but never quite over the height of the explosion, often continuing this for hours, never "finishing" but finally sinking into slumber. These become the worst neurasthenics, often incurable perverts.

Certain symptoms are prominent in nervous disturbances dependent upon sexual hunger or sexual excesses. Thus excessive tenderness in the intercostal space just above each breast, and in less degree in the one below the mamma, is almost invariably present on deep pressure; the patellar tendon-reflex is apt to be exaggerated; sometimes the pupils are dilated, always easily dilatable, and frequently functional disturbances of the eyes necessitate the wearing of glasses, altho the amount of myopia, hypermetropia or astigmatism may be so insignificant that it would cause no disturbance in the normal individual, ("weakness of the power of accommodation"). The close relation between genital disturbances and "eye-strain" seems to be more conspicuous in women than in man. Pressure or pain at the top of the head is

often a source of complaint, with tenderness or stiffness of the back of the neck (not infrequently napeache); accompanying these are certain disturbances of the vascular system, such as palpitation of the heart, throbbing of the abdominal aorta and flushing of the face on slight provocation. Rarely a persistent hacking cough annoys the patient and alarms the friends. Some women suffer from "hot flushes" just as they do at the menopause or after ablation of the ovaries. Ovarian dysmenorrhea is the rule rather than the exception. Disorders of digestion are generally conspicuous—"gastric neuroses" being in 90% of all cases from disturbances of the sexual apparatus; "nervous dyspepsia," being typical of this class; subacidity and hyperacidity may each be of nervous origin, as may, likewise, those paroxysms of pain designated "gastric crises"; and the stomachic distension with eructations, headache, dizziness and peristaltic unrest described by Trousseau as *"vertigo a stomacho laeso"* may almost invariably be ascribed to sexual sources. Constipation is generally an accompaniment of the neurasthenic state.

Ultimately the disturbance of the sexual system, from either long-continued irritation or exhaustion of the genital centers of the cord and the sexual sphere of the brain, becomes pathological. Many cases of erotomania, nymphomania, and insanity with sensual symptoms predominant unquestionably originate in some irregularity of the sexual life; while all the numerous forms of perversion may be traced to the same cause, altho in many cases heredity plays an important part in the etiology—discussion of which belongs to the neurologist rather than the gynecologist.

In times (not yet entirely past) when the specialist in diseases of women inserted a speculum, applied tincture of iodine to the os or emdometrium, put in a tampon and ordered a douche as a routine practice, the clinics and offices of gynecologists have been thronged by these women who want to be "tinkered with," and who even beseech the doctor to perform some operation. Thousands of ovaries have been needlessly removed, when at most the breaking down of adhesions between the clitoris and its hood would have sufficed. Now when surgeons operate upon these patients it is (unless some distinct pathological condition is present) chiefly for mental effect—as a basis of hope and encouragement for the woman and as an incentive to more carefully follow directions after recovery; the enforced confinement to bed being a not inconsiderable factor in the successful management of these cases.

The spirit of unrest characteristic of American life and the almost universal desire to live in an atmosphere of continual excitement have their influence upon the neurasthenic, very unfavorable indeed; back to the simple life must be the rule in cases associated with great mental disturbance; unstable nervous equilibrium as Van Valzah calls it. He adds: "The dynamic *affections of the* stomach are common among women near the

end of the social season, but are not infrequent among country girls; for in spite of the pure air and sunshine of the country and freedom from the withering touch of culture, anxiety and sorrow and disappointment and disorders of menstruation, of reproduction and of lacitation have the same influence in the hut as in the palace."

A careful study will convince any gynecologist that the most prolific source of nervousness in women is unnatural sexual living; which may also result in any one of the following pathological states:

1. Catarrhal conditions of the endometrium;
2. Prolonged congestion of uterine tissues;
3. Excessive growth of connective or muscular tissue.

Only by correction of abnormal practices, by inducing physiologic conditions either thru stimulating to functional activity or relieving excitement or over-activity, is it possible to overcome the nervousness and cure the pathologic conditions; medicines can act only as adjuvants in the proper management of these cases. For those whose functions are depressed and to whom the world is but a field of gloom Malchow says there must needs be something to stir up animation, and the emotional waves of sexual activity serve this purpose because they "lash into movement the dreary calm of the soul's sea" and produce a welcome alteration from the monotony of life. He is of the opinion that the vast majority of women suffer by reason of depression of their sexual function and from want of natural gratification; but unfortunately most women do not recognize the cause of the trouble—and instead of meeting the conjugal advances and obtaining relief in the sexual embrace they repel the husband's caresses, encourage a feeling of disgust for the martial relation and thereby increase the physical discomfort. The physician who fails to explain this condition of affairs to his "nervous" patients and to advise the proper method of inducing the orgasm if that is not normally attained, is direlict in his professional duty. The doctor who gives strychnine, phosphorus, stimulants, etc., without inquiring as to the sexual life of his neurotic, hysteric, neurasthenic patients is not a true physician; for here, indeed, "women are more often cured by the physician than by physic," as a cynical writer once observed—with a different meaning!

In most cases, perhaps, it is not best to explain to the woman that her nervousness is dependent upon sexual debility or the want of the orgasm—which she may never have experienced; but if, upon inquiry, it is found to be the case (as is too often true) the explanation of the absolute necessity of proper completion of the sexual act will naturally follow, together with careful instruction (preferably to the husband) as to how the desired end may be attained. Then the proper tonics may be ordered and sometimes a local application of some remedy or other made—a vaginal suppository of resorcin, cannabis Indica and cocoa butter being ex-

cellent; or daily a tampon may be inserted saturated with glycerin and fluid extract of nux vomica.

The woman who says she loves her husband and does not enjoy the conjugal act is a liar—passion may exist without love (especially with a man, tho woman is not exempt) but there can be no love without passion. The wife who does not join her husband willingly, lovingly in the sexual embrace at proper intervals is the cause of more suffering and sin than is the public courtesan. Indeed houses of prostitution are supported not by the unmarried young men but by married men who are not thoroly satisfied at home. Few women realize that most domestic infelicity and practically all infidelity on the part of the man are dependent upon the fact that the husband feels that the wife does not share equally in "the joys of the marriage-bed" or yields grudgingly the pleasure which should be freely given and mutually enjoyed. As already said, most divorces depend upon want of harmony in the sexual relation—an inequality perhaps easily remedied by a wise physician; if more doctors and less lawyers were consulted the "divorce evil" would not be so conspicuous to-day.

Increasing experience of the leaders of our profession tends to confirm the statement that "women with sexual apathy, either comparative or absolute, are the most jealous and exacting of wives; and nervous, cross, fault-finding and dissatisfied wives are transformed into buoyant, cheerful, amiable, contented and companionable helpmates by proper treatment directed to the cause of the trouble—the sexual organs." (*The Sexual Life*, page 307.)

Of the physician who wisely directs an erring, dissatisfied, unhappy couple into the right way of conduct of their sexual life and thereby brings that sweet content of which the poets sing, may it most truly be said:

"The wise physician, skilled our ills to heal,
Is more than statesman to the common weal."

Is It Ethical all the Way Thru?

By A. L. BENEDICT, M. D., Buffalo, N. Y.

When a retail druggist appropriates the particular formula of a given physician and exploits it as his own, or when a druggist, retail, or wholesale, places on the market a preparation that is worthless and fraudulent so far as the claims made for it are concerned, or when any man, druggist, physician or what not, advertises a nostrum for lay use, it is easy to state what the attitude of the medical profession should be. The latter owes to the former precisely the consideration that the law-abiding citizen owes to the highwayman or the pirate.

Within recent years, there has developed a class of proprietary medicines, that have commonly been considered ethical, that are, for the most part, prepared solely for physicians' use, or are used by the laity mainly by verbal prescription of the medi-

cal profession, as toothwashes and simple domestic medicines. Without reference to technical questions as to the importance, dignity and propriety of prescribing such preparations or to the general rule that the practitioner ought to be able to prescribe extemporaneously for all ailments, the fact remains that these so-called ethical proprietaries have demonstrated their usefulness by the very fact that they have achieved a nearly ubiquitous use. The reasons are, in our opinion, not difficult to assign: the average physician has not the technical familiarity with pharmacy to know just how to combine various chemicals of different nature so as to avoid precipitation, to secure palatability, etc. Even a very good physician is usually glad to be relieved of the trouble of remembering a complicated formula for a trivial condition and thus to be able to conserve his energies for more important matters. From the side of pharmacy, it must also be considered that it is practically impossible to compound so elegantly and so economically, such preparations as we have alluded to, as can be done on a large scale.

Quite recently, an organized effort has been made to revive the National Formulary and special arguments and even exhibits have been prepared to induce physicians and druggists to substitute for the preparations formerly considered "ethical proprietaries," compounds said to represent the analyses of the latter. On general principles, it does not seem to us that cut-and-dried formulae should be officially recognized at all, unless in very rare instances in which practically unanimous consent establishes the usefulness of some particular combination, such as the compound cathartic pill, the Seidlitz powder, etc. It is, of course, difficult to state just what exceptions should be allowed to any rule but, in this case, it seems to us that a good criterion is the willingness of the Pharmacopeial Convention to admit a formula to the Pharmacopeia itself.

In other words, we believe that the National Formulary is based on a bad principle of endorsing ready-made prescriptions and that, without regard to the point immediately at issue, and such tendency should receive no official sanction but, so far as permitted at all, should rest on the individual responsibility of the physician.

As we have intimated, when a formula is worthless or false or when a compound is sold at an extortionate price, we do not consider that the exploiter deserves any clemency. But when a manufacturer has developed, from the general stock of pharmacal knowledge, a compound for which he makes reasonable claims, which he has introduced to the medical profession thru the legitimate medium of medical journals and which is marketed thru retail druggists so as to be a convenience to the practitioner, so as to afford the druggist a fair profit and so as to insure to the patient, a more elegant and more economic article than he could get by means of extemporaneous prescribing under average conditions,

we do not quite appreciate the ethics of an organized attempt to spoil the business of the producer.

In not a few instances, the supporters of the National Formulary have gone so far as to prepare exhibits of preparations, saying explicitly that this is the same as some particular favorite ethical proprietary, and can be used as a substitute for it, urging physicians to prescribe the N. F. preparation instead of the one that they have been accustomed to employ, and urging druggists to substitute the N. F. for the proprietary compound or, if they did not feel like doing so on their own responsibility, to telephone the physician in each instance and ask him his permission to make the substitution and also to use the N. F. formulae in future.

Somehow, we cannot quite reconcile this ethical procedure with our conceptions of fair play.

Aside from the ethical considerations involved, we are disposed to question whether, in all cases, the analysis on which N. F. preparations are based is correct and whether the resulting preparation will always be both cheaper and "just as good or better."

There is also a question of self-interest involved aside from that of the manufacturer. It should be stated right here that the present writer does not represent a drug house or the financial interests of a medical journal and that he writes entirely on his own initiative. It ought to be frankly admitted that medical journals are largely supported by advertising and that if this source of support were cut off, the increased expense would fall quite directly upon the medical profession. Moreover, it is not the man who manufactures tincture of digitalis or other pharmacopoeial preparations who needs to advertise but rather the man who is pushing a special formula. Obviously, advertisements of nostrums or of compounds that are false in their claims or otherwise dishonorable, ought not to be accepted, but it seems to us that the warfare against straightforward proprietary preparations is, to say the least, misdirected.

Wistarias.

By SADAKICHI HARTMANN, New York.

Altho rather late in the season, the wistarias had appeared in greater profusion than in previous years. Once the common property of hundreds of porches, they had become scarcer and scarcer within the city limits. They had disappeared with the old cottages or sickened away with lack of air, as is the doom of all vegetation in a big city.

The pennate leaves were still small and undeveloped, while the flowers, in long loose clusters, hung like a drapery over the woodwork of the rear porch, from which the white paint had almost entirely disappeared. It would have been difficult to find a more beautiful setting to the tall lithe figure which stood near the *steps leading* to the garden and reaching with one of her out-

stretched arms for the purple clusters above her head. Wind and sun produced on the swaying wall behind her a continual ripple of light, and her pale blue kimono, loose and delicate, as if robing some phantom form, resembled the swaying flowers around her. The tender green and subdued turquoise blues threw vague shadows over the rose-tints of her arms and neck and the sun ornamented them with splashes of pale gold. It was a picture aglow with an inner life—a vibrant flame, but muffled up as in dreams, making one think of wild rose gardens, of old love letters and melodies.

She could often be seen in this secluded part, away from the dust and din of the street. She lived in the only part of the city which could advance any claim to be old, where gabled houses of quaint and dignified air, with Colonial doorways, old-time knockers and sidegates, iron wrought newel posts and oval windows over the aisleways, still spoke the language of another age. Something lingered there of former years, of a happier—no, scarcely happier—time (that is a superstition of old people); it was merely a note of melancholy created by the memory of far-off days. Everything about these houses and courtyards looked old and grey. It was a place that invited to indolence and dreams. Even the wistarias shared the languor and at intervals a few petals slowly floated to the ground. Also her existence had little in common with the feverish activity of the world outside. Life, which is to most women a mere diary, she tried to fashion into a poem, whose gentle strains echoed unconsciously the sorrows nestling at the heart of things. Her days passed in frugal elegance, interspersed by a few choice pleasures and the remaining hours were taken up by vague dreams, by half-conscious self communion, as at this moment, when her slender, graceful form rose like a clear melody from the undulating rhythms which the breeze produced on the background of leaves and flowers.

Of what was she dreaming? I suppose of what all those thousands of women dream who stand at parlor windows or garden gates and gaze upon the street. Thru their minds may drift the most commonplace things—thoughts of shopping, of flirtation—but underneath them there is a deeper emotion which makes them stare so absentmindedly, and yet so imploringly, into life. It is a longing for something they do not possess—something of which they do not even know the nature. Some shattered bowl beyond repair in the mansion of their soul! The storm of life rages on; they stand at the foam-wet shore and look on with the same yearning as does the lonesome beach wanderer who sees mighty ocean steamers plough the deep waters for far-off lands that his eyes would never alight upon.

She stayed there a long time—long enough for a painter to have made a color sketch. A bee roamed about the sunlit yard—perhaps to bring a message from one flower to another. One cluster almost touched her face and its faint aroma caressed her

senses with vague suggestions, like a whiff of primitive times (whose broken reeds shall sound no more) and she leaned against the balustrade, her eyes half closed.

Suddenly she heard a merry laugh. She looked about. There, over the fence opposite, appeared a little boy's head, with a shock of blond hair, and peered curiously into the yard. "Say, lady, please give me some flowers. I want to make some bee jam for the baby." The sun played upon his head and, shining from the rear, made it appear as if he wore a halo around his little head.

She smiled, broke off one of the clusters and threw it at him over the fence. He threw a kiss at her and disappeared.

She gazed at the spot from whence he had disappeared. It seemed to her as if everything had suddenly lost its color. An immense loneliness possessed her. What could it be that affected her so? She had oft felt the emptiness in her life—that her womanhood was not complete—but she had never felt so keenly before. Her whole life had been an intense yearning for motherhood. What else but that deep hope had inflamed kisses upon her lips? Would she never hold a new life to her breasts? Was it her fault? Was it her husband's? Was she perhaps incapable to awaken the right passion? The ignorance in which young girls are brought up makes them utterly helpless at the beginning of their married life.

And, as she went over the list of her married acquaintances—they were nearly all childless. The New Englanders were played out as a race, a large percentage were no longer capable of fatherhood or motherhood, her husband had told her. Just like these wistarias, whose vitality was exhausted so that their seeds were useless. She had tried to raise some along the trellised walk, but her efforts had been in vain. There had never been a chance for their existence. In summers past the present stems had yielded all they could give. And what remote causes, operating from time immemorial thru series of generations, had contributed to her physical sterility and incompetence. Surely there must be something wrong in this fight for existence, that families were afraid of offsprings and prevented them for economic reasons and that women were forced out of their spheres and had to provide for themselves.

In some book she had read that Chinese women unable to obtain progeny sacrificed flowers to some goddess of fecundity, and with a sudden wild impulse she tore off an armful of the beautiful clusters.

"Little boy, do you want more flowers?" she called out and the blue flowers fluttered into the other yard. The little fellow clapped his hands with joy. She hastened to and fro, from porch to fence, until she had stripped the vine of all the flowers within her reach.

Then she looked up to the demolished wall with a half *curious, half* painful smile. She had sacrificed her favorite *flowers for a* flower that might never blossom in her life.

The Greatest Humanitarians of the 19th Century.

MY DEAR DR. ROBINSON: I am particularly interested in your August issue. How is it possible to limit oneself to "ten favorite humanitarians"? There are at least one thousand worthy to be ranked with those listed by those who replied to your inquiry and request. In my estimation it is not fair, or just, to give ten specific names only. To be just, humanitarians should be indicated in groups. With such leeway I could readily indicate my choice as follows:

1. The pioneers in modern bacteriology.
2. Those who discovered and perfected modern serum therapy.
3. Those who established and enforced vaccination against small-pox.
4. Those who are responsible for the existence of state and national pure food and drug laws.
5. Those who have defended free rational thought, exclusive of fanatics and cranks.
6. Modern pioneers of realism in fiction, exclusive of degenerate fiction.
7. Writers of clean, non-scary, fairy tales for children.
8. Those who by wise diplomacy have prevented wars.
9. The leaders in *practical* scientific research.
10. Leaders in public sanitation and preventive medicine.

Should I give the names as follows: 1, Pasteur; 2, Shrlich; 3, Jenner; 4, Wiley and others; 5, Ingersoll; 6, Zola; 7, Anderson; 8, Benjamin Franklin; 9, Klebs; 10, Koch and others, I would not be doing justice to a host of perhaps equal collaborators.

Yours very cordially,

PROF. ALBERT SCHNEIDER, Ph. D.,
San Francisco, Cal.

P. S.—I enjoyed Alan Dale's list very much. I appreciate humor and deem it of great importance. In fact I was on the point of giving clean educational humorists a place in my list, headed by Mark Twain, George Ade, Bill Nye and others.

DEAR DR. ROBINSON: None of the lists of ten humanitarians published in the CRITIC & GUIDE contain the ten most important. Here they are: 1, Darwin; 2, Spencer; 3, Paine; 4, Pasteur; 5, Haeckel; 6, Ingersoll; 7, Lincoln; 8, Henry George; 9, Goethe; 10, Emerson. Yours truly,

JAMES P. WARBASSE, M. D.,
Ed. *N. Y. State Journal of Medicine.*

Book Notices

HERNIA, ITS CAUSE AND TREATMENT. By R. W. Murray, F. R. C. S. Surgeon, David Lewis Northern Hospital, Liverpool; Late Surgeon Liverpool Infirmary for Children. Philadelphia: P. Blakiston's Son & Co. Price, $1.80 net.

The author's method of operating for the cure of hernia and the subsequent treatment of the patient is based upon the view that the presence of the sack is the real cause of the hernia. The most important part of the operation is, therefore, the complete removal of the sac. The monograph is well written and will prove of value and interest to surgeons.

SUBCUTANEOUS HYDROCARBON PROTHESES. By F. Strange Kolle, M. D., author of "The Recent Rontgen Discovery"; The X-Rays, Their Production and Application"; "Medico-Surgical Radiography," etc., etc. The Grafton Press, New York. Price, $2.50.

The object of the author has been, as he tells us, to place before the profession a practical and concise treatment on the subcutaneous use of hydrocarbons for the correction of defects about the face, neck and shoulders. There has been considerable literature on the subject, but it is very much scattered and in view of the growing importance of cosmetic surgery, the appearance of this volume is timely. The book is well illustrated.

THE NEWER REMEDIES. Including their synonyms, sources, tests, solubilities, incompatibles, medicinal properties and doses as far as known, together with such proprietaries as have similar titles. A Reference Manual for Physicians, Pharmacists and Students. By Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S. Professor of Chemistry in Columbia University, Department of Pharmacy. Fourth Edition, revised and enlarged. Boston: The Apothecary Publishing Co., 145 High Street. 1908.

As far as quantity is concerned, i. e., the number of separate titles, this is the most complete reference book on the newer remedies in existence. It bears, however, evidences of hurried and spasmodic preparation and quite a large number of remedies mentioned in the volume are already obsolete and resting in their graves, while others belong to the common patent medicine class (the peruna, liquozone category) and should have no place in a scientific treatise.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

The Editor has returned from Europe, thoroly recuperated, ready and eager for work. All letters that have accumulated in his absence, and that demand personal attention, will be answered with all possible promptitude.

We thank all our friends who sent us letters complimenting us on our "A Page From the Life of Professor Beaumont" in the September issue. We are glad they liked it.

Judge not from a Single Case.

The danger of snap judgment in therapeutics has been pointed out more than once. No matter how wonderful or how disastrous the result may be in a *single* case, judgment should be withheld, because coincidences are not excluded. We will give two instances; one of them is a matter of history, the other one is known probably only to a few. A professor at a medical college—he used to tell the story himself—was suffering for a long time with biliary calculi. He took the usual remedies, but with poor results. A friend of his had been urging him for a long time to try a "quack" remedy which he heard had proved very successful in similar cases. The professor refused for a long time, but once when the pain was agonizing, he sent for a bottle. He poured out a spoonful and was on the point of taking it, when a particularly sharp twinge of pain doubled him up, and he dropped both spoon and bottle, the latter breaking into bits. Very soon the pain began to let up, and from that moment he never suffered with any gallstones or any pain in the region of the gall-bladder. The

largest stone, which caused him the acutest pain in its passage, was also the last one.

Now, had the doctor received the medicine only five minutes before he did, and taken a spoonful, he could not have helped, in spite of all his skepticism, ascribing his improvement and cure to the action of that remedy. He might have felt in duty bound and for the benefit of his fellow-practitioners to give the proprietors of the remedy a glowing testimonial. And thousands of physicians would have tried it in such cases. Some might have obtained good results, others might have been disappointed, and so on and so forth. And that remedy would have gotten credit for something that Nature did.

The other example, of historical record, is of a different character. We speak of the very first patient to whom chloroform was to be administered. The patient was duly prepared for the operation and everyone was waiting for the arrival of the magic fluid, which was to abolish pain absolutely and was to work such a wonderful revolution in the practice of surgery. For some reason or other the chloroform could not be obtained—every drug-store did not keep it then—and after waiting for some time the operation was commenced. At the very beginning of the operation the patient died. The chloroform was brought to the operators a few minutes afterward. Had the chloroform been obtained promptly, and had it been administered—we need not guess at the result. The death would have been ascribed to the drug, beyond any question; its sponsors would have been held up to contumely and ridicule, and the introduction of this pleasantest and most wonderful anesthetic might have been delayed for years or even decades. And so, the moral is: do not form snap judgments, either pro or con, from the results of a single case.

Flexner's Serum.

It would be too premature to make any definite statement regarding Flexner's antimeningitic serum. We know that epidemics vary in virulence and an agent which may seem very useful in one epidemic, may prove of questionable value in the next. We, therefore, must wait before we can draw definite conclusions. But we are justified in stating this much: The serum *seems* to be remarkably efficient in the treatment of cerebro spinal meningitis and we do not believe anybody is justified in treating this terrible disease without giving the serum a trial.

A Curious Coincidence.

In the Symposium on Humanitarians of the 19th Century, printed in the August issue, the two men who received the highest number of votes were Abraham Lincoln and Charles Darwin. Lincoln and Darwin were born on the same day—February 12th, 1809, and the centenaries of both will be celebrated the coming 12th of February.

We Write Our Own Editorials.

We received an article from a friend, a short time ago, asking us to print it as an editorial. We returned it. All the weekly and many of the monthly journals print as editorials articles submitted by other people than the actual editors. This is not the case with the CRITIC & GUIDE. *All* Editorials and Editorialettes are written personally by our good selves.

And there is another point we would like you to bear in mind. The Editor of the CRITIC & GUIDE writes occasionally editorials for other journals, and if you ever see an editorial in the CRITIC & GUIDE which you happened to have seen before in another journal, it means that that editorial was written by Dr. Robinson. In short, all matter in our editorial department is our own. We emphasize the point, because we wish to avoid misunderstandings. We do not believe in plagiarism and we do not like others to plagiarize from us—without credit.

The Advertising Wail in the Official Journals.

From the majority of the State journals there goes up a plaintive, mournful, heartrending wail. The wail is: more advertising, more advertising! And these wails, which are once in a while changed into blackmailing demands, are not in the publisher's column or in the advertising pages, but right among the editorials! Jones was the first to introduce the advertising editorial; Me-too-Jervey followed suit. The *Indiana State Medical Journal* was next, and so on and so on. And now such an excellent publication, from a scientific point of view, as the *Illinois Medical Journal,* considers it necessary to have an editorial on advertising (September issue), in which the same old story is repeated, that you find in every little grocer's paper: support our patrons, buy from those who advertise with us, we must have more "business," etc., etc. That editorial wail for "business" and more "business" is sickening beyond expression. If our fathers of medicine could be aware of it, they would certainly turn in their graves. And I repeat again: I have read medical journals for twenty years steadily, and I am familiar with the medical journals that have been published during the past fifty years, and I do not recollect ever having seen an editorial, clamoring or begging for advertising, in any independent medical journal. It has been left to some of our official organs to degrade medical journalism to the level of charity programs or blackmailing sheets.

In the editorial just referred to the *Journal* claims that it carries only "clean" advertising. "For too long a time the nostrum vendors have repeatedly filled with their advertisements the advertising pages of reputable journals," etc., etc. On page 11 of that same issue the *Journal* carries the ad. of one of the very worst nostrums in the country, a nostrum that has been exposed

by the Government and has been written up by the *Journal of the A. M. A.* Beautifully consistent, *n'est ce pas?*

Once more the question: How long?

An International Language.

Probably on account of the approaching Esperanto Congress, the question of an International language is again agitating the thinking people of the civilized countries. The preferences are diverse. We have been asked to express ours. We can do no better than to present an editorial which we wrote several years ago and which we printed in *Merck's Archives* (December, 1902).

The question of an international language has been agitating the intellectual world for many years, and as nothing is settled until it is settled right, so this question will continue to come up until it has been finally and satisfactorily solved. That the introduction and acceptance of a universal language would be a great boon, is unanimously admitted by all scientists, business men, and students in general. It would not only tend in a remarkable manner towards the progress and popularization of science and literature, but it would accomplish something more: it would contribute toward the unification of all nations and races; it would diminish chauvinism and jingoism, and thus aid in the establishment of the universal brotherhood of mankind. The importance, then, of an international language is admitted by all who have given the subject any thought. An insurmountable difficulty seems to loom up, however, as soon as the question is broached as to *which* language is to be selected to the high and honorable position of the universal tongue of mankind. The three dominant languages of the present day are English, French and German. Everyone recognizes that it would be a wonderfully good thing if one of these languages were selected for an international one. Two birds would be killed at one shot. The acquirement of such a language would mean not only familiarity with the universal medium of communication; it would also mean a familiarity with a magnificent, many-sided literature, with a nation—or nations—that has made a great record in history and that occupies a commanding position in the world of politics, science, industry and commerce. But just as everyone recognizes the desirability of any of those languages becoming the universal language, so everyone recognizes the impossibility of this ever being the case. The prestige and the political and commercial supremacy that the selection of English, French or German language would give to the respective nation would be so great, that the other two nations would *never* agree to it. French and German would, besides, be unacceptable by many, on account of the extreme difficulty of their grammar, especially the syntax. Of the two the greater opposition would be made to German.

The three chief living languages being out of the question,

there remain three ways out of the dilemma: (1) the selection of a dead language, (2) the manufacture of a new language, (3) the selection of a living but subordinate language. The question of the selection of a dead language, Latin or Greek, may be dismissed in a few words. The idea is chimerical. Both languages are too complex, their grammars are too difficult, their literatures are of too limited a character, both in quality and in quantity, and they are too poor in words for the expression of modern things and modern ideas, to repay for learning them thoroly enough to converse in them. Only hobbyists and faddists—people who see things in a distorted light, or rather in the light in which they wish to see them—can entertain the idea of Latin or Greek ever becoming an international language. Modern Greek as an international language is too absurd to need discussion.

We now come to the subject of an artificial language. The idea is a fascinating one and is not a novel one, either. As long ago as 1668 Wilkins proposed an artificial language. We have, further, the languages proposed or evolved by Leibnitz; by Letellier; by Sotos Ochando, who in 1858 received the first prize from the Paris Linguistic Society; by Dr. Samenhoff (Esperanto); by pastor Schleyer (Volapük), and finally the "blue language" proposed by Mr. Bollack. The beauty, or rather the practical advantages, of a new artificial language are its perfect simplicity and regularity. No exasperating, torturing, irregular verbs, no ridiculous genders in inanimate objects (*der Teller, die Gabel, das Messer*), no exceptions to rules and exceptions to exceptions, no crooked, logically absurd sentence constructions—none of these barnacles which have accumulated during the centuries. It is like the newly laid-out and carefully planned cities of the New World. None of the narrow, crooked passages and blind alleys of the ancient cities of the Old World. In the grammar of Esperanto, for instance, there are altogether 16 rules, while the vocabulary is reduced to about a thousand roots; and from these by a simple process derivation, it is easy to form words for the expression of every possible shade of thought. It is also claimed to be harmonious (in which respect it differs from the easy but horribly sounding Volapük). Mr. Bollack's "Langue Bleue," or blue language, also seems to be of remarkable simplicity.

But all of the artificial languages, in spite of their simplicity and regularity, possess one great disadvantage, which is even more marked than in the case of dead languages—they have no literature. Of course, the adherents of a new language claim that no sooner would a language be adopted as an international medium of communication, than books would at once begin to be written in that language; but we, for ourselves, think that a language is an organic growth and cannot be manufactured in a day within the four walls of a savant's study room.

There remains the third way: the adoption of a subordinate

language. On this point we have but one preference: we are unequivocally in favor of Spanish as the international tongue. As a world power Spain is irrevocably and forever out of the question. International jealousy is, therefore, not a factor. And the language is the sweetest, simplest, most harmonious, and one of the easiest to learn. Its irregular verbs present some difficulty, but not as much as those of other languages, and even that difficulty could be smoothed away—by making all the verbs regular—should it be selected as an international language. Its literature is one of the richest and noblest in the world. For all these reasons, Spanish commends itself as the most appropriate of all living languages. But whichever language is selected is of minor importance. The important point is to agree upon one language to serve as the medium of science, commerce and general intercourse—and the wide-reaching significance of such a step is hard to overestimate.

This article would be incomplete if we failed to mention that there are many thoughtful people who think that an international language will come out by itself, without our efforts, as a matter of natural evolution. And the preponderance of opinions is in favor of English being that language. Prof. Schrorer, for instance, says:

"A world-language already exists; that is, a language which by its extension over the whole globe and by the ease with which it can be learned, has obtained such a foothold that nothing can prevent it becoming in the near future the great means of international communication. This language is English."

It is several years since I penned the above editorial. My personal opinion has not changed in the least. Spanish is still my favorite. Esperanto, however, seems to be gaining ground rapidly and should it in the end become the universal language, we would feel satisfied. It would show that it had in it all the necessary elements to become one, and that the honor was well deserved.

Dr. Abbott's Appeal.

We received Dr. Abbott's "Appeal for a Square Deal." We read it carefully. We hold no brief for Dr. Abbott, The Abbott Alkaloidal Company or *The American Journal of Clinical Medicine*. But one who reads Dr. Abbott's Appeal with a free mind, without preconceived notions, with a determination to judge honestly and impartially, cannot avoid the conviction, that the doctor has answered his opponents and enemies in a most effective manner. He has taken up charge after charge, insinuation after insinuation and has disposed of every one of them satisfactorily. But there is a more important point in this entire deplorable controversy. He who studies the whole matter from beginning *to end in an* unbiased manner cannot fail to become convinced

that the selection of Dr. Abbott by the ring and Mr. Hallberg as a target for attacks and hammerings was not made for the purpose of serving the medical profession, for the purpose of serving Truth. Primarily and principally it was done to settle personal grudges, to satisfy personal vindictiveness.

And that is a very serious matter when firms against whom some of the ringsters have personal grudges can be selected for *special* attacks and can be hammered at ceaselessly, while firms whose sins may be much greater, but who are on "good terms," are left alone.

He Is the Limit.

In one of his editorials entitled "A Simple Illustration" (p. 221), Philip Mills Jones says: "A notable example of the valuable work of the Council along the latter line of activity was furnished recently in the *Journal A. M. A.* in an article dealing with the diastasic ferments. One preparation put out by a prominent manufacturer bore upon its label the statement that it would convert one hundred and fifty times its weight of starch; as a matter of cold fact, it could convert fifteen times its weight of starch." Now, here is an interesting question. Why didn't Jones mention the name of the manufacturer and the name of the product? Jones never hesitates to name a manufacturer and call him a liar and to stamp his product, also mentioned by name, as a fraud. Whence this sudden consideration? Is it possible that this sudden and *unique* consideration is due to the fact that Jones carries a page ad. from the manufacturer of the above referred to product?

Oh, Jones, as an example of Pickwickian honesty and sincerity thou art *non plus ultra.* Thou art the limit. But thou contributest to the gayety of medical journalism and for this we thank thee.

The California vs. The New York State Journal of Medicine.

The sweet and lovely *California State Journal of Medicine* is suffering from colic very badly. When it gets tired attacking the independent journals it spurts its venom on the State journals, being careful, however, never to attack or mention a journal whose Editor happens to be Saint Jones' personal friend. In the July issue Dr. Jones pays his compliments to the *New York State Journal of Medicine.* This is what he says: "Why, for instance, should the large and influential delegation from the great Empire State be compelled to suffer the indignity of seeing the journal of their State Society publish, simply because of the few dirty dollars, the advertisements of preparations whose fraudulent char-

acter has been exposed by the Council on Pharmacy and Chemistry in the pages of the *Journal A. M. A.?* It seems, to put it very mildly, most inconsistent. If a thing is right it is right, and just as right to-day as it wlll be one year from now—or ten. The Council has unmasked the lies of certain manufacturers and the House of Delegates has said that it is not right to continue to promote the use of such drugs or to advertise them to self-respecting medical men. Then why should supposedly self-respecting medical men, collectively representing a State medical organization, continue to secure tribute from such unmasked frauds?"

We are under the impression that the Editor of the *New York State Journal* considers the editor of the *California State Journal* beneath contempt. And so he is. But nevertheless in the interests of Truth one must sometimes take up the statements of people who are beneath contempt. When Jones states that the *New York State Journal of Medicine* is carrying advertisements, the fraudulent character of which has been exposed, he is telling an untruth. The *Journal* carries a number of preparations which have not been approved by the Council, but to call such preparations *unmasked frauds* is truly Jonesque. By the way, has Coca-Cola which Jones advertises in the same issue in which he attacks the *New York State Journal,* been approved by the Council? We have looked over the list of remedies approved by the Council and fail to find therein this preparation, after a most careful search. And again, by the way, these same preparations which are carried by the *N. Y. S. J.* are also carried by Me-too-Jervey in his so-called journal. Why has that so-called journal not been attacked by Jones? If a thing is wrong in New York it is also wrong in South Carolina.

The deeply philosophical and fearfully erudite Jones says: "If a thing is right it is right, and just as right to-day as it will be one year from now—or ten." Of course this is not so, but we do not expect Jones to know that things which are right in one century may be considered wrong in another, and vice versa. But let us assume that it is so. We will take him at his word. This then being the case, *why did Jones carry the same advertisements* which he now condemns other State journals for carrying? If it was right then it is right now, and if it is wrong now it must have been wrong then too. Why, for instance, was it right for him to carry Glyco-Thymoline for several years, and why does he attack it now at every opportunity? Neither the preparation nor its literature has been changed in any way. So why?

Oh, Lord, how long is this sickening hypocrisy going to last, how long is this impudent ignorance going to rule the physicians of the country?

Reforms Urgently Needed in College Examinations.

I present herewith the examination in chemistry given to the first year students in one of our medical colleges. To avoid hard feelings I will not mention the name of the college, but it is located right here in New York City, and to those interested the name will be furnished on request. Please read the entire examination carefully. It is reproduced just as given to the students:

CHEMISTRY—FIRST YEAR FINALS.

1. What temperature will be obtained by condensing 10 grm. of steam at 100 in 1 kilo of water at 0°?
2. What are Fraunhofer's lines, how are they produced and what do they indicate?
3. Explain the principle of the electrophones.
4. Give the periodic law and what importance has it?
5. 100 grams of steam is passed over 1000 grams red hot iron. Required the volume of hydrogen evolved measured at 10° C. and 760 m. m. pressure and the weight of iron oxide produced.
6. Give a technical method of preparing Chlorine and its properties and uses.
7. How is silver obtained from its ores? Give the most important compounds of silver.
8. Write the formulae for the alcohols derived from $C_4 H_{10}$.
9. How may acetanilide be prepared?
10. Write these equations:
    (a) Ethyl acetate + potassium hydroxide.
    (b) Sodium formate + sodium acetate.
    (c) Acetone + nascent hydrogen.
    (d) Aniline hydrochloride + nitrous acid.
    (e) Benzoyl chloride + 2 benzenes.

Pray, read the examination once more. Can you imagine anything more unfair, more useless, more stupid? In *all the ten* questions there is not *one* which is of any interest or possible utility to a future physician. To give such an examination to one who wants to make chemistry his life work is perfectly proper, but to give it to one who expects to treat internal ills or to perform surgical operations—is this world going crazy, are we all losing the modicum of common sense with which we are supposed to be endowed? Look at the selection of formulae—not one with which the physician is likely to come in contact in his practice. And why must the physician know how silver is obtained from the ores? Is he going to become a miner? Ask him the official silver salts, the proper method of dispensing them, their incompatibles—that is all right. That is necessary, that is useful. But to ask purely technical questions, to demand knowledge which will never be of any value to the physician is a crime.

"Give a technical method of preparing chlorine." Why must the physician know a *technical* method? Is he going to engage in the manufacture of chloride of lime? Isn't it enough for him to know the official method of preparing chlorine water? And look at questions 1 and 5. Can you imagine any contingency in which the knowledge necessary to answer those questions might prove of value to the physician or to the patients?

It is stated that the more incompetent, the more ignorant the instructor, the more difficult his examination is apt to be. (One fool can ask more questions than ten wise men can answer.) This is not the case in this instance. The professor who gave the above examination is a thoro chemist; he knows his subject well; but he is *not* a physician, he does not know the needs of a physician; and as he is a crank on his subjects, he fills the student's mind with a lot of useless technical stuff.

It is true that there is only one science of chemistry, but a man with common sense will always take into consideration the kind of student he has before him. The fundamental principles of chemistry are the same for everybody, but they can and should be illustrated and demonstrated differently, according to the class of students we have to deal with. It is absurd to attempt to teach the same kind and the same amount of chemistry to the pharmacist, the physician, and the mining engineer.

By the way, the college at which the above examination was given has about 60 professors and instructors. Excluding the chemistry professor and his two assistants, how many of the others could answer the above questions? *Not one.* I will go further and will wager that not one could obtain 20 per cent. on the above examination, i. e., that not one of the professors and instructors could answer two questions out of the ten. If this is the case—and I am willing to wager any amount that it is—is it fair to give to first year students such examinations? Is it any wonder that such a large percentage fail? And is it quite fair to make them pay another fee of $200 for taking the course over again?

One is so likely to be misunderstood nowadays that it often becomes necessary to emphasize the obvious. I hope I shall not be misunderstood as raising the slightest objection to a larger, broader and higher course in medicine. Quite the contrary. Human health and human life are to me so sacred, that no medical course is to me high enough. A six years' course in medicine would not be too long, and I am not so sure that the time will not come when the medical course will be prolonged to ten years. But just because the problems of the human body are so vast and intricate, we consider it a crime to waste the student's energies on useles or irrelevant matter. We have seen many students so exhausted by studies during the first and second year—by studies of questionable utility—that when it came to the subjects of real importance—medicine and therapeutics—they had no more energy

left and the lessons were prepared in a perfunctory manner. The result was either failure or just "passing by the skin of their teeth." In only too many cases, it is not the student that is to be blamed for failing; the fault lies entirely with the curriculum or the instructor.

This is an important question. For irrelevant studies and silly or unfair examinations drive away or keep out from our ranks men who might prove a great ornament to our profession. Some of the brightest and ablest men are very poor crammers.

Make the medical course as long as you wish, but let us be sure that every subject studied has a direct relationship to the physician's future career—the treatment of the sick. The technical method for preparing chlorine has neither a direct nor indirect relationship to the treatment of pneumonia or to the delivery of a breech presentation, and to ask a medical student the method of obtaining silver from the ore is as fair as to ask him the size of the canals on the planet Mars. The knowledge may be interesting, but it has no relationship to the *treatment* of disease, and it is the latter only that our students are going to medical colleges for.

What I have said about chemistry applies also, tho to a lesser degree, to several of the other subjects now taught in our colleges. Quantity seems to be considered more important than quality. And what I have said about medical colleges applies with equal force to our pharmaceutical colleges. The student's mind is crammed with too much useless and irrelevant stuff, stuff that the student can never make use of in his practice of pharmacy, while things of every day utility are only too often neglected. (Justice, however, demands the statement that in our first-class colleges, such as those of New York and Philadelphia, a great change for the better has taken place within recent years.)

Pity the poor student!

A Layman on the French Pharmacopeia.

Sept. 10, 1908.

Poor Hardouin whose *Propos d'un Parisien* in the Paris *Le Matin* used to delight thousands of readers daily, is dead. But the places the dead leave do not remain empty, and another one—Clement Vautel—now writes under Hardouin's rubric. He is not quite as good as his predecessor, but he seems to be improving, and now and then he turns out a pretty good thing. The new French pharmacopeia (Codex) has made its appearance and this is the way Vautel comments on the event in yesterday's *Matin*. I translate literally:

We will still have to wait a little for the "Workingmen's Retreats," but the State which believes in teaching us to have patience, has just given us a new Codex: those who have not

what to eat are always sure to have wherewith to purge themselves.

This new Codex will revolutionize the pharmacopeia. Thus, it suppresses 794 medicaments, which it replaces by 151 new preparations. As the Codex enters into force only the 15th of September, these 794 medicaments have still the right to cure during several days. But beginning with the 15th, they will no longer cure, and this is by the order of the secretaries of public instruction and agriculture.

If one of these drugs does you good, hasten to use it, for on the 15th it will cease to be official, that is, it will no longer produce any effect on our good citizens. On the other hand, the 151 new preparations are authorized to relieve our migraines and to cure our corns, beginning with the 15th, at midnight.

Between us, don't you find it droll that everything is so regulated in France, that we cannot take a mustard footbath without telling ourselves that this is with the permission of the government?

This paternal government watches over the health of our souls as well as over the health of our bodies: it regulates the doses of Greek and of Ipecac, it gives us a Tincture of History [see the point?] and a Tincture of Iodine.

And to think that there are people who grumble, because "we are not governed!" Not governed! I ask you, what do they want?

What, they have a secretary of public instruction who supervises the preparation of enemata, and they complain! One surely cannot demand of Mr. Doumergue [the secretary] he should push his love for the public weal to such a point as to administer them himself.

Affoltern, Switzerland.

House Organs.

Judge everything strictly on its merits. Not *who* says but what is said. Not who edits a journal, but how it is edited.

The *Therapeutic Digest* of Cincinnati, tho frankly a house organ, contains valuable impartial articles on therapeutic subjects and its editorials are fair, honest, unbiased and full of common sense.

Similarly *The New Idea* is published distinctly for the purpose of advertising Frederick Stearns' goods. And nevertheless Editor Knox, who sometimes knocks wrongly, as we all do, succeeds in imbuing every issue with an individuality and an interest which makes the little journal more welcome than many of the much more ponderous contemporaries.

Honesty, first; individuality, second; interest, third—those are the three qualifications which we demand from a journal, and any journal possessing them will not lack readers.

The Mann Bill.

I have returned too late to consider the Mann Bill in detail in this issue. Nor is it necessary. Some things are so palpably idiotic, so indisputably asinine, that it seems a pity to waste time and argument in proving them to be such. A mere characterization seems to be all that the occasion requires. The Mann Bill belongs to such *things*. Of course, Mr. Mann did not write the bill. Some fool wrote it for him. We would like to know the name of the real author of the bill, for we believe in *palmam qui meruit ferat,* and honor to him to whom honor is due, and we should like very much to crown the real author of this piece of idiocy as the champion imbecile of the United States.

* * *

And will there ever be a stop to this craze of bill introducing, to this mania of regulating everything by law? I do believe in the beneficent effect of many of our laws, but our thousand and one would-be legislators seem to have gone crazy.

Uriseptin.

In the *Journal of the American Medical Association* for August 29 appears the Council's report on this preparation. The report demonstrates that the claim that uriseptin contains "a lithium salt of formaldehyde" is false. Its principal constituents are hexamethylene-tetramine and lithium benzoate. In the December, 1903, issue of the CRITIC & GUIDE (nearly five years ago!) appears the following editorial regarding this preparation:

"I referred more than once to the unfair attempts of certain nostrum mixers to befogg the physician's mind by non-existing chemical names, impossible chemical formulæ, etc. Here is a pretty example. The Gardner-Barada Chemical Co. puts up a preparation called Uriseptin which is claimed to contain "24 grains of Lithium Methaminate (Lithium Salt of Formaldehyd)" in each ounce. Now, there isn't such a word as methaminate; it has no sense and no meaning, and what is more, a lithium salt of formaldehyd, or any other salt of formaldehyd, *cannot* exist. Aldehyds do not form salts. The preparation probably contains some lithium salt and the well-known urinary antiseptic hexamethylene-tetramine (urotropin or formin), but as that would be too simple, the manufacturers think it necessary to give a crazy, impossible formula. And so the poor physician's mind is befogged, worse and worse every day."

This is not the only preparation in which we anticipated the Council of Pharmacy and Chemistry by several years.

We say nothing *pro* or *con* the therapeutic virtues of the preparation. In this respect it may be all the manufacturers claim it to be. But no deliberate misleading claims regarding the composition of a preparation can be tolerated.

We Regret It, But it is Necessary.

Some of our readers may think that we are devoting a little too much space to the official journals. We regret the necessity of having to do it, but the *necessity* is there! We solemnly affirm by all that is sacred to us, that it is our positive conviction that the greatest evil, the greatest danger to the medical profession now lurks in certain specimens of official journalism. The nostrum business in its palmiest days did not possess one-hundredth of the potentialities for evil that are contained for instance in the journals of Messrs. Jones and Jervey. The chief endeavor of the bureaucratic journals of this type is to enslave the physician's mind, to take away from him every vestige of independence. They want to compel him to think in a certain groove only; they want to make him treat his patients in one certain way only; remedies that he has found by personal test useful in his practice, but which do not come up to certain arbitrary rules, *and which are not advertised in those journals,* he is *commanded* to drop in favor of questionable substitutes. In short, these journals and the cliques behind them are endeavoring to re-establish a kind of second-hand Spanish inquisition; and if they do not consign every physician of independent thought and independent action to the *auto-da-fe,* it is surely not for lack of desire.

To emphasize. Several official medical journals—those that make the most noise and are considered *the* types of official journalism—have become so obnoxious as to be simply intolerable to the honest thinking physician. They are unfair—if they attack a man they will not give him a chance to reply—they are dishonest, they are mediocre, they are hypocritical. And it is our unpleasant duty to fight to a finish these blustering, blundering, blackmailing tools of bureaucracy. Bureaucracy is the blight of every honest independent endeavor and to bureaucracy we have sworn eternal enmity.

And just as we have succeeded in cleansing most of the independent journals from the disgrace of the venal write-up, so we hope to be successful in freeing the official journals from their bigotry, intolerance, hypocrisy and unfairness.

We will make them *ashamed* of themselves tho we recognize that in the case of some journals it will be a herculean task.

He who has lost faith in humanity has lost everything. He can and should expect nothing from humanity, and humanity can expect nothing from him.

The degree of Master of Pharmacy has been conferred by the Philadelphia College of Pharmacy on Samuel W. Fairchild, of Fairchild Brothers and Foster. An honor well deserved.

Letters from the Editor.

Announcement.

When the Editor left for his European trip, his children exacted a promise from him to write them a letter every day. So far he has kept his promise, and if he continues to keep it, (which he undoubtedly will) until his return home, he shall have written one hundred letters—as he shall have been away just one hundred days.

When the letters were read—by the children, others members of the family and some intimate friends—it was seen at once, that they were more than ordinary parental letters; almost every one of them dealt with some important question of the day, touched upon some subject of universal interest. And they possessed a peculiar charm, because, not being intended for publication, the subjects were handled in a free, offhand and conversational manner. The family council decided that it would be a pity to consign these letters to the desk bureau. It was thought that they would afford interest and perhaps also pleasure to a much larger circle of friends—all the readers of the CRITIC & GUIDE. The Editor was communicated with and he found no objections to the decision of the family council.

And so the publication of The Letters from the Editor is commenced in this issue. Whether all the hundred letters or only some will be published in the CRITIC & GUIDE, or whether some will be contributed to other journals, will be decided on the Editor's return. A large number of them will certainly appear in these pages.

S. S. Königin Luise, July 4, 1908.

DEAR KIDS:

When I somewhat thoughtlessly and absentmindedly gave you the promise to write to you *every* day, I did not think that I was setting myself a task—something I wanted to avoid by all means during my present trip. But I gave you the promise and I shall keep it. I will consider the task a self-imposed one and then the fulfilling of it will not be irksome. And speaking of tasks, I think it an excellent thing for every boy and girl, man or woman, to set himself or herself a *daily* task to be fulfilled under *all* circumstances. The task may consist in the study of a foreign language, of music, painting or sculpture, of physical exercise, of gardening, in some hobby, or simply in self-meditation, but whatever the task may be, its charm and usefulness consist in the absolute regularity of the hour. Select the hour most convenient to yourself and say: this hour is mine; during this hour I belong to myself only; the outside world has no claims on me. You will be surprised to find how that hour will become a part of yourself, how you will be expecting it, how you will be longing for it, if you should happen to find yourself in a position where

you could not have it. You will expect that hour as one does a holiday, and you will thus have a holiday every day; and while living in the world, you will soon create a little world all your own —something every thinking and fine feeling person should do, and eventually does.

I am not so sure that you will not regret the fact that you made me promise to write to you every day, for I am not at all certain that the reading of my letters may not prove a greater task to you than to me the writing of them. You don't expect me to repeat every day: "Mama and I are well, hope you are the same." That would be too monotonous. I shall have to write to you whatever may flit across my mind; I shall write about the things we run across and that seem to me worthy of notice; I shall criticize whatever deserves criticism and praise whatever deserves praise.

Will there be in my letters more of the former than of the latter? Quite possibly. But if such be the case, it will not be due to an inborn love for criticism on my part. I have no such love—you well know that. I would rather praise than criticize every time; but falsehood is abhorrent to my nature, and the gods have endowed me with an analytical mind (a very questionable gift, indeed), and if more criticism than praise runs from the point of my pen, it is only because there are so many more things in this word that deserve criticism, than there are praiseworthy things.

Of course you will not be looking in these letters—for you will be looking in vain—for literary niceties, for stylistic feats, for carefully rounded phrases, for striking perorations or for euphonious alliterations. On board ship, in rattling cars, on waystations waiting for trains, in hotels to which you come all tired out with the day's journey, one has neither time nor the inclination for such things. I will talk to you as if we were seated around the table in our sitting room.

And now I will bid you good night. Sleep soundly—tho I hardly believe you will be able to to-night. For it is to-night that our patriots make the country hideous with their infernal noise and in gratefulness for our political independence spread fires, tetanus and death broadcast. Beautiful patriotism!

Until to-morrow.

YOUR LOVING FATHER.

Treats of Speed, Work and Rest.

July 5th, 1908.

DEAR KIDS:

Here we are, comfortably, very comfortably, settled on the Königin Luise. Our cabin is as you know on the top deck, and so we are always on top, always inhaling the fresh vivifying ocean air. We only have to go down for our meals and baths. The

vessel is not a very fast one—it will be just two weeks before we reach Genoa—but if it were still slower, I would like it still better. We have gone neither for business, nor to make a record trip; we have gone for a rest—and for a rest give me the slowest vessel you can find. In me the widely heralded news of record trips across the ocean—six days, five days, four and a half days—excites no enthusiasm whatsoever, nor does it cause me any joy. Rather the contrary.

As an accomplishment of the human intellect and human skill, crossing the ocean in four days is worthy of our admiration—but of what use is it? Will it in any way contribute to human happiness? I fail to see wherein. Is our time really so valuable, that we cannot afford to spend ten days in crossing the ocean? I do not believe it. I do not believe there are five passengers in a hundred on any vessel, to whom it is really of importance to save three or four days. We may have a sick relative on the other side, whom we wish to reach with the utmost speed. But those are exceptions, and things in this world are not done to suit the exceptions. I am also glad to tell you that we have neither a wireless telegraph station on this boat, nor do we print a newspaper. And so at least until we reach Gibraltar we will be actually cut off from business and politics. We will not even know for many days if Bryan, or somebody else in his place, has been nominated—isn't that terrible?

I know that some of the business men, even when going to Europe on pleasure receive, while on the steamer, the daily reports of the stock market, and in general keep in touch with their offices and business. What such fools go to Europe for, I don't know.

Really, our American business men fill me with amusement and pity. They never know when they have had enough. And this incessant work is due not so much to love for work *per se,* but to the curious delusion that it is all of great importance—importance to themselves and even—so far as the delusion goes sometimes—to the world at large. As a matter of fact the work is as a rule of no importance whatever to the world, and very often of no importance to themselves. In other words, they would often be better off in health and finances, if they had not done the work for which they deprived themselves of rest and recreation. If we could only convince our business and professional men that by working excessively they sin not only against their health, but against the very object of their life—their *business* and *finances*—there would quickly come a change. Succeed in convincing them that all work and no play not only injures their health, but also *warps their judgment,* and they will all begin to live sanely and rationally.

I have a friend who is a very hard worker. He is sincerely imbued with the importance of his work, and day in, day out he puts in his fourteen, sixteen, and not infrequently even eighteen

hours. *This man would accomplish a great deal more if he worked a great deal less.* For almost half of the time he has to work to undo the errors he makes in the other half. For his judgment is getting warped. Last year I advised him to drop everything and go to some secluded spot in Europe for a two-months' vacation. Ridiculous! How could he! His business would suffer, not a thing could be done without him. Well, he stayed home, worked hard and *did* something; which something cost him about twenty thousand dollars, about six months' labor and a non-appraisable amount of worry and anxiety to *undo*. He acknowledged, but too late, that had he followed my advice and gone away for a mental rest, this something would not have happened.

I have another friend. You know him or of him, and the firm at the head of which he was, is known to every physician and pharmacist in the United States; nay, in the world. He was a marvellous worker and the amount of work he accomplished excited the wonder of all those who knew him. But he overdid the thing. He thought that he had to attend to all the details. He would not trust his subordinates. Besides crowding in an immense amount of work during his office hours, he would take home a large portfolio of papers to attend to in the evening. I noticed he was aging more rapidly than he should. Some mornings he would come with bags under his eyes—a bad sign; a danger signal which none should overlook. I told him frankly that I thought he was burning the candle too rapidly; that at such a gait he would not be able to do *effective* work (that is the important point, for slouchy, useless or injurious work even a paranoiac can do) very long. But of course he could not think of any such thing as relaxing or resting. The heavens would fall, the business would go to pieces. Well, he kept on working at the same furious rate—and he began to make blunders. One of his blunders nearly shook the very foundations of the great business over which he presided. To make a long story short—blunders continued to succeed one another, until his business associates, unable to stand it any longer, rebelled. And now this man, with a brilliant mind, full of promise, and only 43 years of age (only 2 1/2 years older than myself) is *shelved*. Shelved absolutely; tho whether permanently or temporarily remains to be seen. Shelved at a time when I only expect to begin my real life-work.

I believe I can see the smile on your faces. You perhaps think it comical that one who has been considered the hardest worker in the medical journalistic fraternity should hold forth preachments against hard work. But it is not against hard work that I inveigh. Work as hard as you wish, but know when you have had enough, know that the human mind needs change, rest, recreation, amusement, folly, if you like. The difference between me and those hard working friends of which I spoke is a two-

fold one: first, I have always had several different interests. I never devoted all my energies, all my thoughts to just one kind of work. It is the monotony of work that deadens the mind and warps the judgment. And second, I always (with one exception) took notice of and respected the danger signals. As soon as I would feel that my physico-mental machine was getting tired out, as soon as the hinges would get rusty and the wheels would begin to grate, as soon as I would notice that it took me an hour to write something which would ordinarily take me fifteen minutes, then I had the good sense to quit. I would let everything go to hades and would hie to my beloved Switzerland or to some other quiet spot where I would look at no medical journals, would forget all about practice and business, would spend the time tramping, traveling, reading French novels, etc., etc., until I felt again like resuming routine work. Only once in twenty-two years I did not heed the danger signals and I did break down.

You see I have no exaggerated opinion of my work. I know that my actual and prospective patients will find another physician just as good, and much as I think of the CRITIC & GUIDE, The AMERICAN JOURNAL OF UROLOGY, etc., I know that were these journals to disappear to-day, this world would go on just the same, just as well—or almost so. But if I have no exaggerated opinion of my work, if my importance to the world at large may be open to question, there is no question whatsoever of my importance to my dear little wife, to my dear four babies and to several other members of my family. And my duty to them tells me to take care of myself, to run away and take a rest whenever I feel the necessity for it.

It isn't that I am doing nothing while taking my rest in Europe. On the contrary, I sometimes put in ten, fifteen hours of real hard work. But then I work only when I have the inspiration, when I feel an imperative *desire* for work. And besides the change from the humdrum life of a New York physician and editor is so great, the walks and drives and the *beautiful* ever changing scenery are so refrshing and invigorating and stimulating, that work itself becomes a necessity and a pleasure.

Mama is sound asleep or she would not permit me to sit up so late and write long letters to you. Sleep well, and may the fairies be good to you. Lovingly, PAPA.

Treats of Official Medical Journalism and Some Other Things.

JULY 6TH, 1908.

DEAR VICTOR:

A slow steamer on a smooth ocean trip is the most ideal place for the Weir Mitchell rest cure. Here is how I, the most fidgety and restless of individuals, spend the day. After a good night's

rest—and I always sleep very soundly on steamers, the gentle rocking of the boat acting as a distinct sedative to my nerves—I awake about 7 a. m. I shave—the boat is so steady that I shave with the same facility and safety that I do at 12 Mt. Morris Park—and dress, go out on the deck, walk around for about half an hour, deeply inhaling the pure air; the bath steward then comes to announce that the bath is ready, and the hot salt water followed by a cold shower does feel delightful. The bath over, we go down to breakfast, which we—Mama and I—take very light. After that we walk about a bit, or sit in our steamer chairs, reading a light novel, or indulge in some small talk with our chair neighbors.

You know what the talk is: the weather, how many miles we made yesterday, and how many we are likely to make to-day, when we will reach the Azores, when we will arrive at Gibraltar, etc., etc. At 11 a. m. boullion and very savory sandwiches are brought on the deck. At 1 p. m. there is luncheon. At 4 p. m. there is tea, coffee, lemonade and cakes, and at 7 p. m. there is the dinner, the principal function of steamer life, a meal which alone should suffice for a day's sustenance. The only fault I find with steamer life: many people gorge themselves to excess. But they do this in the first-class hotels also, and nobody is to blame if people will not have sufficient will-power to curtail their appetites. Such people, too weak to resist temptation, should go to vegetarian sanitariums or to East Aurora.

And so the twenty-four hours roll by between sleeping, eating, walking, desultory reading, desultory talking—oh yes, there is one more occupation our first-class passengers have—and that is to go slumming among the steerage passengers or to watch them from a distance.

And so you see that I am resting thoroly. And I have no doubt that physically I shall return well rested. But will I obtain the principal object of my vacation—a mental rest? Will I be able to compel that complex and complicated and annoyingly active piece of machinery called the cerebrum to moderate its activity for a while? Will I be able to throw off, for a little while at least, that oppressing sense of the world's iniquity and injustice, that crushing feeling of the *Weltschmerz,* which is always, always with me? Will I be able to forget during these three months, those things which in New York fill me with unutterable disgust and sometimes make life a burden almost too heavy to carry? Will I be able to forget, for instance, the existence of such a thing as American Medical Journalism? Oh, our medical journalism!

Here is the one thing of which I cannot speak with composure and, therefore, ought not to speak at all, but the temptation to say a few words, to pay my compliments to it even in mid-ocean, is too strong to resist.

Do you know what American Medical Journalism is? I am glad you don't. It consists now of two divisions: the official or State Association medical journals and the independent press. The official journals, with two exceptions, are narrow-minded, bigoted, biased and unfair, some of them being malignant and utterly devoid of any sense of honesty and decency. They may print lies and misrepresentations—and they will not open their pages to you to give you a chance to reply. Convict them publicly of the most ridiculous, most idiotic inconsistency—they laugh in their sleeves and go on doing the same thing—as long as they can gather in the shekels. For instance, the Council on Pharmacy and Chemistry of the American Medical Association has refused to approve certain medicinal preparations as worthy of the confidence of the profession; most of the decisions of the Council are perfectly just, some are infantilely silly and some even, I fear, are somewhat malicious—to satisfy a grudge of some biased member of the Council. But this is not the point. The official journals vie with each other in their paeans of the Council and its work. In their editorial pages they swear to it undying allegiance and unquestioning obedience. And any journal that dares, as the CRITIC & GUIDE occasionally does, to question the wisdom of some of the Council's work, is by them denounced, scorned, anathemized and pilloried. And what do those journals do? In their advertising pages they carry the advertisements of the *very products* which the Council has condemned or refused to approve. Your father, the humble editor of the humble CRITIC & GUIDE has exposed these hypocrites several times; one or two became ashamed and have mended their ways, the others go on brazenly doing the same thing. Of course! Praising the Council in the editorial pages doesn't cost any money, but to reject advertisements would be to diminish the revenue, and most of the official journals are for the revenue (and influence) only! And a few of the editors of the official journals—mind you, *editors,* not publishers—do not even disdain to stoop to the malodorous rôle of common badgers and blackmailers. "Give us your advertisement," they tell the manufacturers, threateningly, "or we will influence our readers not to use your products and we will hit you at every opportunity." A shining example of the use of these contemptible tactics, which must fill the heart of every honest man with indignation, is the "noble" editor of an empty sheet, which carries the title: *The Journal of The South Carolina Medical Association.* Such is our official journalism (the greater part of it, let us be just). Such is the bitter fruit of bureaucracy.

And how about the independent press? About the independent press—you remember what the little boy wrote when he was given to write a composition on Caligula? Having forgotten all about Caligula, he shrewdly got out of the difficulty by merely writing: "Emperor Caligula—the less said about him, the better." And so I, tho I haven't yet forgotten anything about our inde-

pendent medical press, would like to satisfy myself with the words: the less said, the better. Our independent press is now the underdog, and it is not in my nature, as you know, to ever hit the underdog. My spear, however, knows no brother, and justice demands I should state that the independent press deserves all it is getting. The independent press has been guilty of one crime that history never forgives, and that is cowardice. Like a whipped baby (I was going to use another substantive) it has swallowed and is swallowing all the insults that the official bureaucratic press has been heaping upon it—and never a word in return. Many of the journals are absolute blanks—never a word do you find in them in relation to the burning questions of the day—as if these questions and problems had no existence. One or two of the influential journals tried to show some combativeness—but the publishers said Nay, and the silence of the tomb has been reigning ever since in their pages. Of course, there are two or three exceptions, but exceptions only emphasize the rule (this is the way the adage should read; for exceptions never *prove* the rule, they merely emphasize it). Yes, so it is: brutal injustice and a domineering disregard of decency and honesty on one hand, and mute cowardice or cringing servility on the other. Any wonder that my heart is filled with sadness, not unmixed with indignation and contempt when I consider the greater —the by far greater—part of our medical press?

But you know that fundamentally, in spite of my pessimistic outbursts, I am an optimist. I have an abiding faith—tho this faith is *sometimes* rudely shaken—in the invincible power of Truth, in the final triumph of Justice and Decency—all regressionists, tricksters and traitors notwithstanding. It is this abiding faith in the ultimate triumph—and within my liftime yet—of my principles, of the principles of liberty, broadmindedness, tolerance and fairness towards *everybody,* that supports me in my ungrateful, difficult and unremunerative work. I believe that without this faith I would have given up the struggle long ago, and would have looked for pleasanter and more remunerative fields.

But I fear I have allowed myself to be carried away too far. It is 11.15 p. m. Mama has gone to bed two hours ago, and the reading room steward has come to say that he regrets he will have to put out the lights. And so *bonne nuit,* my dear. May the angels guard you. Lovingly, FATHER.

Do not associate with pessimists, with people who see everything in the worst light. No matter how you may fight against it, you will become infected, for pessimism is the most infectious of all diseases.

A Neglected Field for Philanthropic Workers.

By Dr. MARY BOND FOOTE.

Delivered at the Sorosis Meeting, June 1, 1908.

All large cities have many perplexing problems, and of late that of over-crowding seems to be pre-eminent. During the past winter we have had our first public exhibition of the evils of congested districts, with models, charts and exhibits, which compelled attention and stimulated thought. Magazine articles echo the startling facts and emphasize their importance; schools of philanthropy dwell upon them, charity societies discuss them and specialists offer a variety of remedies; but while the evil is clearly shown, any reference to the real remedy is almost consciously avoided.

There is evidently a strange reluctance to deal with the basic cause and cure. It seems time for someone to call attention to a phase of this subject which others deliberately avoid in social conference.

As an individual woman, I am unable to understand why so much energy should be expended in rescuing a few victims of preventable evils and so little in checking the causes.

The Legislature of New York finds it worth while to devote nearly $200,000 to the purchase of 1,200 more acres to make a home for the weak-minded and the epileptics, and nothing for even an inquiry as to what might be done to lessen the increasing production of this never-ceasing flood of life-long subjects of public charity.

If infant mortality and stunted lives are the fruit (as they certainly are) of our crowded tenements and swollen families of the poor, is it not one of the most immediate needs a deeper consideration of the vital question of eugenics?

In *The World's Work* for May, a picture exhibit of statistics shows that the death rate of children under five years of age in a crowded Italian and colored quarter is three times the general city's average, and this article concludes thus: "Although no clear-cut remedy for the ills of crowding was suggested in this exhibit, one thing at least, was apparent to everyone who attended—that the greatest city is not where the greatest number of human beings live, but the one where the greatest number are enabled to live like human beings."

There the article ends, but every rational mind would naturally run in this direction—Why not recommend and instruct the inhabitants of overcrowded tenements to restrain this excessive fertility? Charity organization visitors, emissaries of Health Boards and others of good will do a great service in teaching hygienic methods of living, how to check contagion, how to avoid conditions favoring consumption, etc., but never a hint is offered in favor of self-control to limit overcrowding. Yet it is simply incredible that the thought is not uppermost in the mind of every charity worker, coming, as most of them do, from the class who

do practice that precept for personal and public welfare. What possible opportunity in life have the wretched victims of overcrowding and malnutrition born daily in the homes of the poor? Many perish early from sheer lack of vital force—that is, a fair start in life. Many becomes helpless burdens, often to life-long invalidism or imbecility.

The moral consequences are yet more appalling. Yet we hear more disapproval of "race suicide" from small families, than we do of race deterioration from the puny brood of poverty, cursed from birth and often blessed if they die early. The survival of the fit is not exactly ideal, but the survival of the unfit is much worse. We see its fruits in our workhouses, lunatic asylums and huge foolish charities, which deal with the worst effects of social evils and leave their causes operating with steady efficiency. A certain tenderness to the weak is dictated by common humanity, but it will ruin the race to make them the greatest care of the whole community. Mr. Bernard Shaw declares that "progress is mainly a matter of breeding." To breed from the best is not as simple a problem as it looks, but to breed from the worst is easy enough, and we are doing it wholesale.

Our immigration laws are now aiming toward quality rather than quantity, and our civic societies and philanthropic schools may well follow this lead to home product, with a view to encouraging small families of children, well fed and well educated. The abnormally large families of the poor are the result of ignorance, and their reasonable limitation would save the health of the mothers, make less hard the lot of the provider and give a few children a fair chance for growth to useful maturity.

Here is a proper and important, in fact, a new and neglected field for social students and charity workers, and one which will relieve the necessity for much being done by them now.

It may be true that poverty is chiefly due to faulty social organization, but the individual cannot be said to be free from responsibility so long as his poverty is the result of his own improvidence and lack of foresight.

Race degeneration, rather than race suicide, is the tendency to be corrected, and education from above downward by those who do not know and benefit, to those who do not know and suffer —this is the remedy.

It cannot be too often repeated (till it is universally accepted) that the future race depends, not on number, but on quality; on character of the coming generations.

If we are anxious to be of real service to humanity, we can support no greater nor more needed reform, at the present time, than "the right of the child to be well born" and the right of the social reformers to favor all conditions and education promoting that result.

The above address, which received most enthusiastic applause from the fair Sorosis audience, is a significant sign of the *times.* Only a few years ago it would have been impossible to advocate limitation of offspring before a fashionable society.—*Editor.*

The Tragedy of the Radical Woman.

By Dr. ANNA MARCY, New York.

The tragedy of life in general is the fact, that while our reason marches on, our emotions belong to the past. How absolutely, how irrevocably true it is, that we are the product of our ancestors! No matter what lofty thoughts we may entertain, no matter what great ideals we may set before our eyes, nevertheless our actions are influenced by the past, from which we derive our being. Therein lies the pathos of inconsistency.

The radical woman, more so than the radical man, is in a peculiarly painful position. On the one hand she reaches out into the future and pictures herself as brave, thoroly independent—with the desires of the strongest men—and on the other hand, the long interminable chain of her grandmothers drags her back with a force which she cannot resist. She wants to be strong, and yet she is miserably weak, not only physically, but also in every other way. She wants to be independent of man, and yet she clings to him, holds on to him with all the helplessness of a weak child.

She says to herself, "I can work, I can earn my own livelihood; I can conquer the world," but she trots home in the evening footsore and weary, and sheds bitter, bitter tears. She is so tired, so lonely. No wonder. For not only is she something incapacitated for the rough struggle of the world by the training she had received, but the contest is made doubly hard for her, just because she is a woman. She must excel in her work, if she is to survive at all.

However hard the economic life may be, it is not there that the radical woman finds the most acute tragedy—it is in her love affairs. When she meets a man she says: "My ideal is to love without question, without hindrance. He, as well as I, must be free to do as we please. Also I must take love as a side-issue of life, just as sensible man does, and thus free myself from the bondage of matrimony." Vain words, galling thoughts! She cannot take love as a side issue, she cannot make it subserve certain emotions at certain times. Love grips her, invades her whole being, she forgets everything, but her love and her lover. She puts her whole happiness on the shoulders of the man, looks to him, dreams of him, weeps for him.

But the man—he has taken her at her own valuation. He loves her with a masculine passion. Where he thought he would be free, he finds on his hands a hysterical woman pleading for happiness from him. He squirms under the demand, usually shirks it. And here she is left, again alone—so terribly alone. Everything seems dark, life had been sapped of every drop of joy —where she had trusted, she had been betrayed. She thought she would find peace and comfort and understanding in his arms, but no, she must face the world herself. She returns to her duties with a leaden heart, nursing a deep, deep gash. Finally the

wound heals, and only a scar remains. But she learns nothing by her past experiences. She loves again, but it is the same old story. Ah, the tragedy of the radical woman. On the one hand she tries to live up to her well thought-out ideas, while on the other hand her feelings are those of the "bygone" woman.

To those who have delved deeply into woman's nature, this will perhaps be enlightening and will lead them to a better understanding of the radical woman, who is tormented by two opposing forces—the past and the future. Let the men, particularly remember that woman is essentially the same in her general emotional life, whether she be radical or not. Woman craves love, sympathy, joy, as well as comradeship and equality.

May she get them soon!

Humanitarians of the 19th Century.

WILMETTE, ILL., Sept. 21st, 1908.

DEAR DOCTOR ROBINSON:

I have read with interest the Symposium on Humanitarians published in the August CRITIC & GUIDE. I was surprised to find that the *Lancet-Clinic* of Cincinnati in an editorial thought that I referred to Dorothy Dix, the present newspaper correspondent. I think that you must know that I had in mind Dorothea Lynde Dix, who was born in 1808 and died in 1887, one of our greatest American philanthropists. The following I quote from the United Editors Encyclopedia and Dictionary regarding her:

"Dix, Dorothea Lynde: 1808-1887, July 19. Born Worcester, Mass., philanthropist. She received a liberal education, and taught school in Boston. On inheriting a considerable fortune she began her great work for the amelioration of suffering humanity, 1830. Her first labors were in the Massachusetts State Prison, Charlestown, where she established a school and taught for four years. Anxious for a sphere possessing greater claims to practical reform, she went abroad, and during 1838-1843 made a thoro study of the methods of treatment there employed for the pauper, insane and criminal classes. On her return she started on an inspecting tour of the various prisons and poorhouses in the United States, studying particularly the accommodations and treatment of the insane, and suggesting radical improvements in public addresses and the newspaper press. She appealed in person before one legislature after another in behalf of a separate detention and a scientific course of treatment of the insane, and to her efforts more than to those of any other person are due the existence of the grand asylums for that class of the unfortunates in every part of the country. During the war against secession she held the office of superintendent of female nurses by appointment of the Secretary of War, and rendered invaluable service. At its close she resumed her mission among the insane, lived with them and died among them in the New Jersey State Asylum at Trenton.

Her entire fortune was applied to this grand object and she never accepted from any source a cent of pay for services of expenses."

I do not know but that it would be advisable for you to mention something about this in your next number, for I fear others besides the editors of the *Lancet-Clinic* may think that I was fool enough to class the "inconsequential newspaper writer" as one of the ten humanitarians in the nineteenth century. It is quite a reflection upon my intelligence and discrimination.

With kind regards I am,

GEORGE F. BUTLER, M. D.

The Economic Cause of Many Diseases.

NEW YORK, 321 East 10th St.

EDITOR CRITIC & GUIDE:—In the August issue of the CRITIC & GUIDE there appears an article by Dr. Holt entitled "Socialism and Preventive Medicine," for which he deserves particular encouragement. Knowing that such an article would, in all probability, be refused space by any other medical journal, we are bound, all the more, to appreciate the CRITIC & GUIDE for promoting and encouraging the publication of such invaluable papers. This is a subject which is reluctantly handled, even with gloves, by medical men. Rare indeed it is to see one of the noble profession come out in the open and daringly advance his ideas of socialism. Doctors seem to be afraid of it, even more so than any other professional men. Dr. Holt is, therefore, one of the daring ones and we wish him success in his good work.

That physicians, who more than any other people have such unique opportunities to study and observe the various diseases and their causes under the present economic system, should fail to recognize the greatest of all causes of disease—the economic cause—is a very lamentable fact indeed.

A doctor is called to see a patient. He finds him in a chilly, dark room where the sun never dares send in a few rays of light and warmth. The air is damp and oppressive. Poverty is stamped on every article in the room. The doctor, as usual, begins with the history of the case and learns that the patient has been healthy and well until a short time ago. He has been out of work for some time and worried very much. He had to move into cheaper rooms and live on bread and herring. That he has lost his sleep because of worry, and that he has been walking the streets, almost half starved, for the last few months, looking for a job. That he is losing flesh, sweats at night and coughs.

After this short history, the doctor examines the patient carefully and by the physical signs in addition to the subjective symptoms arrives at a diagnosis of pulmonary tuberculosis. He examines the sputum and finds numerous tubercle bacilli. Satisfied that he made a correct diagnosis, he advises the patient to leave at once for the country, drink abundantly of good milk, eat plenty of fresh eggs and not to worry.

Has the doctor thought of the real cause of *this* case of pulmonary tuberculosis? Perhaps he thought of bad air, malnutrition, tubercle bacilli, etc. But has he had in mind that the entire social system is to be blamed for it? That under a proper regime tuberculosis will be a rare disease, not because no tubercle bacilli will then be in existence, but because dark, filthy rooms, poisonous air, worry and starvation of non-employment, will not exist? Oh, no! This is a socialistic idea and doctors are conservative men, slow to grasp new truths.

Similar cases to the above which point unerringly to the greatest cause of disease and true prevention, the doctor meets almost every day; but, as yet, he has not learned the lesson.

Let us hope that such papers as that of Dr. Holt will help the physician to penetrate a little more deeply into this problem and perhaps become convinced that the greatest cause of disease is an economic one. Very sincerely,

L. BUCKLE, M. D.

EDITOR CRITIC & GUIDE: I find your Symposium on Humanitarians very interesting reading. Besides being interesting it has the effect of a brain stimulant, it makes you forget for a while your daily routine and makes you think of the great things humanity has accomplished during the last century.

On looking over the names of the favorite humanitarians of the 19th century mentioned by some of our prominent people there comes back to my memory a few sentences from an address by Huxley: "To the learned, the unlearned man said: What is the use of all your learning unless you can tell me what I want to know? I am here blindly groping about, and constantly damaging myself by collision with three mighty powers, the power of the invisible God, the power of my fellow man, and the power of brute Nature. Let your learning be turned to the study of these powers, that I may know how I am to comfort myself with regard to them."

Most of the names mentioned are the names of men who were foremost during the last century in helping humanity to comfort itself with regard to those three great powers. Our great philosophers like Darwin, Spencer, Huxley, Haeckel, have made us wise in regard to the power of the invisible God. Leo Tolstoy, Henry George, Karl Marx, are teaching us how to get along with our fellow man, and men like Pasteur, Metchnikoff, and Behring have helped us to combat the power of Brute Nature.

It will be still more interesting to read a similar Symposium in your CRITIC & GUIDE in the next century. We may see your name mentioned among the names of the 20th century humanitarians if you keep up the good work you are doing.

Yours very truly, B. ROUDIN, Ph. G., Brooklyn, N. Y.

THE AMERICAN PHARMACIST

The Propaganda for Publicity and Truth.

What has become known as the U. S. P. and N. F. propaganda has been variously accused as having degenerated into a poorly veiled attempt to substitute indifferently made imitations of nostrums for the nostrums themselves. While this assertion is far from being accepted as true, there can be no gainsaying the fact that the pharmacists, in all parts of the country, are devoting altogether too much attention to the development of a demand for complex fixed formula preparations, and are not advancing themselves as they should in the necessary knowledge of the science of their calling, and rendering themselves of real use and practical value to the community in which they live.

M. I. WILBERT,

Member Council of Pharmacy and Chemistry, in *Amer. Jour. of Pharmacy,* June, 1908.

Improved Formulae for Corn. Collodion, Elix. Terpin Hydrate and Comp. Resorcin Ointment.

Dr. Edward H. Squibb, of Brooklyn, offers suggestions tending to improve some of the N. F. preparations. The suggestions for Salicylated Collodion, Elixir Terpin Hydrate and Compound Resorcin Ointment are as follows:

COLLODION SALICYLATED.

NATIONAL FORMULARY.

Salicylic Acid	11	parts
Extract Cannabis Indica	2	"
Alcohol	10	"
Flexible Collodion, q. s	100	"

MODIFICATION

Salicylic Acid	11	parts
F. E. Cannabis Indica, U. S. P.	10	"
Contractile Collodion, q. s	100	"

In our experience we have substituted the Contractile Collodion for the Flexible because it makes a more effective preparation. It seems quite rational that the contractile form should be the proper one to use. Then we use the Fluid extract of Cannabis Indica instead of the extract and alcohol because of its convenience in making up the preparation. If this be a convenience to us as manufacturers working on a large scale, it surely is far more convenient for the pharmacist to use the Fluid ex-

tract rather than to take the Solid Extract and dissolve it in alcohol.

ELIXIR TERPIN HYDRATE.

National Formulary.		Modification.	
Terpin Hydrate.....	17.5	Gm.....	17.5 Gm.
Tinct. Sweet Orange Peel.	10	Cc.....	10 Cc.
Solution of Saccharin.....	1	Cc.....	1 Cc.
Alcohol.....	400	Cc.....	436 Cc.
Glycerin.....	400	Cc.....q. s.	1000 Cc.
Syrup, q. s.....	1000	Cc.	

In our experience the N. F. preparation has a tendency to separate out Terpin Hydrate when exposed to low temperature. By the modification we have made use of, this trouble is overcome. Of course, this same modification applies to the Elixir Terpin Hydrate with Codeine and the Elixir Terpin Hydrate with Heroin.

COMPOUND RESORCIN OINTMENT.

National Formulary.		Modification.	
Resorcinol.....	6 parts	.....	6 parts
Zinc Oxide.....	6 "	.....	6 "
Bismuth Subnitrate.....	6 "	.....	6 "
Oil Cade.....	12 "	.....	2 "
Paraffin.....	10 "	.....	10 "
Petrolatum.....	25 "	.....	5 "
Hydrous Wool Fat.....	25 "	Anhydrous Wool Fat	25 "
		Distilled Water.....	10 "

Dissolve the resorcinol in the distilled water, add to this the anhydrous wool fat previously melted. To this add gradually the zinc oxide and bismuth subnitrate previously mixed and passed thru a No. 60 sieve. Triturate until perfectly smooth. Incorporate with this the paraffin and petrolatum previously melted together, and lastly the oil of cade. Mix intimately and preserve the ointment in containers protected from the light. In our experience this makes a much smoother article than following the N. F. formula exactly, and the resulting product it will be noted is finally exactly the same.

Twenty-Five Different Sympathetic Inks.

Sympathetic, or invisible, inks are colorless solutions used in writing secret correspondence. The writing cannot be seen till the "developer" is applied. The writing is developed by heat, by light, or by chemical reagents.

INKS THAT APPEAR THRU HEAT.

1. Dil Sulphuric Acid..... 50 parts.
   Powdered Sugar..... 1 part.
   Dissolve, and use with a quill pen.
2.—Cobalt Chloride..... 5 parts.
   Distilled Water..... 45 parts.
   Glycerin..... 1 part.

The invisible writing turns blue on gently warming the paper.

3.—Write with a concentrated solution of potassium hydroxide. The writing will appear when the paper is submitted to strong heat.

4.—Write with a solution of ammonium chloride in the proportion of 15 parts to 100. The writing will appear when the paper is heated by holding it over a stove or by passing a hot smoothing-iron over it.

5.—A weak solution of nitrate of copper gives an invisible writing which becomes red through heat.

6.—A very dilute solution of perchloride of copper gives invisible characters, which become yellow through heat.

7.—A slightly alcoholic solution of bromide of copper gives perfectly invisible characters, which are made apparent by a gentle heat, and which disappear again when cold.

8.—Write upon rose-colored paper with a solution of chloride of cobalt. The invisible writing will become blue through heat, and will disappear on cooling.

9.—Write with lemon, onion, leek, cabbage, or artchoke juice. Characters written with these juices become visible when the paper is heated.

10.—Put in a vial 1/2 oz. distilled water, 1 dr. potassium bromide, and 1 dr. pure copper sulphate. The solution is nearly colorless. The characters become brown when heated.

11.—Nitrate of nickel and chloride of nickel in weak solution form an invisible ink which becomes green by heating when the salt contains traces of cobalt, which it usually does; when pure, it becomes yellow.

12.—A weak solution of mercury nitrate gives letters which become black by heat.

INKS THAT APPEAR THRU LIGHT.

13.—Chloride of gold serves for forming characaters that appear only when the paper is exposed to daylight, say for an hour at least.

14.—Write with a solution made by dissolving 1 part nitrate of silver in 1,000 parts of distilled water. When submitted to daylight, the writing appears of a slate color or tawny brown.

INKS THAT APPEAR THRU REAGENTS.

15.—If writing be done with a solution of acetate of lead in distilled water, the characters will appear in black upon passing a solution of an alkaline sulphide over the paper.

16.—Characters written with a very weak solution of chloride of gold will become dark brown upon passing a solution of perchloride of tin over them.

17.—Characters written with a solution of gallic acid in water will become black thru a solution of sulphate of iron and brown through the alkaloids.

18.—Upon writing with a very clear solution of starch on paper that contains but little sizing, and submitting the dry char-

acters to the vapor of iodine, or passing over them a weak solution of potassium iodide, the writing becomes blue, and disappears under the action of a solution of hyposulphite of soda in the proportion of 1 to 1,000.

19.—Characters written with a 10 per cent. solution of protoxide of mercury become black when the paper is moistened with liquid ammonia, orange-red with a solution of same, and gray thru heat.

20.—Characters written with a weak solution of the soluble chloride of platinum or iridium become black when the paper is submitted to mercurial vapor. This ink may be used for marking linen. It is indelible.

21.—C. Widemann communicates a new method of making an invisible ink. To make the writing or the drawing appear which has been made upon paper with the ink, it is sufficent to dip it into water. On drying, the traces disappear again, and reappear by each succeeding immersion. The ink is made by intimately mixing linseed oil, 1 part; water of ammonia, 20 parts; water, 100 parts. The mixture must be agitated each time before the pen is dipped into it, as a little of the oil may separate and float on top, which would, of course, leave an oily stain upon the paper.

22.—Write with a solution of ferrocyanide of potassium; develop by pressing over the dry invisible characters a piece of blotting-paper moistened with a solution of copper sulphate or of copperas.

23.—Write with pure dilute tincture of iron; develop with a blotter moistened with strong tea.

24.—Sulphate of copper in very dilute solution will produce an invisible writing, which will turn light blue by vapors of ammonia.

25.—An acid solution of chloride of iron is diluted till the writing is invisible when dry. The writing has the remarkable property of becoming red by sulphocyanide vapors (arising from the action of sulphuric acid on sulphocyanide of potassium in a long-necked flask), and it disappears by ammonia, and may alternately be made to appear and disappear by these two vapors.

Physicians are ready to take up National Formulary and U. S. Pharmacopoeial preparations, but they must not be disappointed in them. They have been educated to scepticism regarding the pharmacist's ability to satisfy them, but pharmacists can and must prove their ability to please. The times demand artistic as well as therapeutic results. The preparations that win must show both. Only such will hold their own. And if physicians find both results in the preparations that they shall try from their druggist, they will stick to them.

They are not likely to be satisfied with either result without the other.—*Edit. Apothecary.*

Medical Journal Advertising.

While acknowledging that, plainly speaking, it is none of our business what policies other medical journals adopt, yet as our California brother-editor assures us that the policy of the *South Carolina Journal,* which to us seems to savor of *boycotting,* is "A Good Example to Follow," we may be pardoned for saying that the *Journal of the Medical Society of New Jersey* must ask to be excused from "following."

We place our *Journal* before reputable advertisers on its merits as an advertising medium. Soliciting their advertisements? Yes, we believe it is to their interest to advertise in it. If they think otherwise, we shall have no quarrel or hard words over it, and if we believe their goods are better than others, *self-interest and the good of our patients ought to compel us, as true and honorable men and good physicians, to use them.* We shall go right on trying to do our work in helping to build up the profession and advance the progress of scientific medicine. And we shall have no quarrel with, or say any unkind words against our brother-editors who differ, and have an undoubted right to differ, with us.—*Jour. Med. Soc. New Jersey.*

This is the right spirit. It is a voice in the wilderness, however, as far as the editors of the California and South Carolina State Journals are concerned.

Advertisements in Religious Journals.

Many religious journals assume an air of injured virtue when reproached for the character of their advertising and call attention to their claim of refusing many thousands of dollars of such advertising each year. And yet these same journals print the advertisements of such rascals as the Oren O'Neals and the Doctors Bye of Cancer Cure Ill-Fame, and of such patent medicines as swamp root and Hall's Catarrh Cure. And often these self-same journals merely make a virtue of necessity, and boast of refusing stuff that neither they nor any other self-respecting people would dare to publish. Religious papers boast that they do not accept the advertisement of Duffy' Malt Whiskey because of the word whiskey; but it is said that were this offending word to be dropped and the stuff called merely's Duffy's Malt its advertising matter would be as welcome as that of Peruna, the most

famous whiskey substitute so affected by ministers as their favorite medicinal beverage.

Not only do the journals print the advertisements, but they endorse them by calling attention to the fact that only reputable and honest wares can be exploited in their advertising columns. Indeed, they go a step farther and write editorials of commendation. The limit of consistency is found in the *Baptist Flag,* published in Fulton, Ky. In its "Home Circle" department is an editorial descanting upon the necessity of clean reading for the young, and a warning is sounded against those publications which "taint the imagination and allure the weak and unguarded from the paths of innocence." And an advertisement on another page appears with the headlines: "Weak Man Receipt Free." The advertisement goes on to offer a free prescription "in a plain sealed envelope to those who are suffering from the result of excesses, dissipation, unnatural drains, or the follies of youth." On the same page is another advertisement of a "simple home remedy" and the offer of a book with explanatory illustrations showing why young women suffer and how they can easily cure themselves at home without the aid of a physician. Can any sane adult fail to grasp the meaning of these two advertisements?—*C. L. Mix, Illinois Medical Journal.*

The Higher Duty.

A physician is consulted by a young man with an acute venereal disease. The physician knows that his patient is soon to marry a pure and innocent girl, and that such marriage will doom her to a life-long invalidism, or possibly to a mutilating operation, or even an early death. He warns the man and urges him to find some excuse for postponing the wedding until all possible danger is past. In nine cases out of ten the warning is heeded, as most men have some honor when the welfare of one they love is concerned. However, should there be one so lost to all manhood and decency as to refuse to follow the physician's advice, there are some medical men with such cartilaginous spinal columns and such a pusillanimous sense of their duty as to whimper: "Well, I have done all I can. I can't tell on my patient; it's a privileged communication, you know."

To the bottomless pit with your "privileged communication!" (That is as plain as it looks nice to put it in print.) Be a man and do your duty. Put your hand under that fellow's chin, and looking him square in the eye, say: "Look here, sir; you are proposing to commit a most heinous crime. You shall not do it. If you do not find a way to stop this marriage, I will, and it will not be a pleasant way for you, either." Then promptly inform the young lady's parents or guardian, and await the result. There will be no threatened "suit for damages," or if, by amazing gall, the fellow should bring suit, you demand a jury trial, and you will come

off the hero of the hour. There is a spirit of fair play in this country that protects the innocent and that is above the mere technicalities of the law. At least, you will not allow a foolish fear of a perverted sense of "duty to your patient" to compel you to become an accomplice in a villainous outrage.

Until we are civilized enough to enact laws making it a criminal offense to infect another with a venereal disease, whether in marriage or out of it, the physician will have to give some very plain and fearless talk to some of his patients, and even occasionally to take the law into his own hands.—*Medical Council.*

These Things Happened.

One physician recently paid a friendly call to another who at the moment was writing a prescription for a patient. As soon as the prescription was finished it was handed to the visitor with this question, "How does that strike you, doctor?"

"Well, you know those mixtures of pepsin and pancreatin are practically inert," replied the visitor. "I suppose you have read the report of the Council on Pharmacy and Chemistry to that effect."

"Yes, I have," said the doctor, who had just written the prescription. "I know you extremely scientific chaps have all the argument on your side. But I get results from this. I use it for no other reason. And it doesn't make a particle of difference to me who says that is a physiologically incompatible prescription—I know that it does what I want it to. What more can you ask of medicine?"

Hard question.

Here's another incident. A young man, connected with the drug business, called at his family physician's office to have him prescribe a tonic for his wife. The doctor said, "You don't need a prescription: just get a bottle of——or——for her."

And the young man went away in a very thoughtful frame of mind, for he knew that the doctor had declaimed with eloquence but a short time before on the iniquity of proprietary preparations in general and one of these in particular.

What a difference between theory and practice, sometimes.—*New Idea.*

Treasures of the Four Decades After Forty.

"The effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty."

FREDERICK TILNEY, A. B., M. D., in *N. Y. S. J. M.*

When Prof. Osler enunciated this now memorable statement, he was not aware of the host of witnesses that would rise up against him and speak the fair word for the senescent days after forty. And what an impressive host it is! Dr. Dorland has gathered them together in a recent article appearing in the May issue of the *Century* under the title of "What the World Might Have Missed."

In the decade between the ages of seventy and eighty, one hundred and three of the world's great works and master-pieces were executed. This includes work in all fields of activity. A few examples of the product of this period will be interesting; thus Gladstone for eleven years held the primacy of England; Spencer wrote his "Inadequacy of Natural Selection"; Harvey's "Exercitationes de Generatione Animalium"; Tintoretto's "Paradise"; Galileo's "Dialogue on the New Science" and Samuel Johnson's "Lives of the Poets."

In the decade between sixty and seventy, two hundred and sixty-five great works were produced, a few of which may be enumerated as follows: Pasteur's discovery of the value of inoculation for the prevention of hydrophobia; Columbus's third and fourth voyages to South America; Darwin's "Descent of Man"; Michelangelo's "Last Judgment," said to be the most famous single painting in the world; Wagner's "Parsifal" and Thomas Carlyle's "History of Frederick the Great."

In the decade between fifty and sixty, three hundred and two great works were produced, among them the first fifteen volumes of Buffon's "Natural History"; the discovery of America; John Hunter's description of the utero-placental circulation; Titan's "Venus"; Kant's "Critique of Pure Reason" and the first part of Crevantes' "Don Quixote."

In the decade between forty and fifty, three hundred and twenty of the world's greatest works were accomplished, as for example: Jenner's discovery of inoculation for small-pox and the first enunciation of the circulation of the blood by Harvey; Huxley's "Anatomy of Vetebrates and Invertebrates"; Darwin's "Origin of the Species"; Linnæus' "Species Plantarum"; and all of Shakespeare's master-pieces, as well as most of his plays.

Our gratitude to Dr. Dorland for this splendid, categorical answer to the gentle but wandering fancy of a master-mind. And, finally, a good word for the Old Man still. For he is possessed of those things which age alone can impart. He is a plutocrat in those riches to which Youth is a stranger.

Sweet Platitudes.

"Venereal diseases must not be superficially or carelessly examined. They are very important maladies for the patients and are certainly deserving of much care and attention."

So says an esteemed contemporary. We are glad to know it. And we shall try to follow this important advice in the future. We thought they were very unimportant maladies for the patients, but now we shall know better. By the way, is it only venereal diseases that must not be superficially or carelessly examined? Must or may gastric diseases, female diseases, pulmonary diseases, cardiac diseases, fractures and dislocations, etc., etc., be examined superficially or carelessly? Oh, Saint Platitude!

Another gem from the same source and same page is the *following:*

"The expenditure of much common sense and the practical *application* of successful methods are the essentials to successful *treatment."*

The Thoughts and Sayings of Some of Our Would-Be Great Men.

Where booziness is bliss, it is folly to be sober.—*Hallberg.*

Advertise in my journal (?) or you and your products be damned.—*Mc-too-Jervey.*

What I don't know about medicine and the proprietary question, would fill the British Museum. This is *entre nous.* But it doesn't matter. Buncombe and billingsgate and vociferously proclaimed virtue will carry one far—especially in the far West.—*Jones.*

Follow this advice, my son: If people want to help you to climb the ladder, let them do it. But when you are on top, kick them down and take the ladder with you. The reason is obvious. —*Anybody in the Ring.*

A "Blue" Prescription.

In the *American Journal of Dermatology* for September (p. 363) we find the following prescription:

MALARIAL ERUPTIONS.

℞ Methylthionin hydrochlorid.
Quinin hydrochlorid.....aa ℥j
Adipis lani..... ℥j

M. Sig.—Apply t. i. d.

For sweet charity's sake we will omit the doctor's name. But we should like to ask: does the doctor really know what methylthionine hydrochloride is? Or was he napping when he penned the ℞? Does he know that methylthionine hydrochloride is methylene blue? And would a patient permit a second application? We guess not. And, by the way, we are not quite clear in our mind as to what "malarial eruptions" are, and we should think that all malarial eruptions are best treated internally. At any rate, we must thank the doctor for his blue prescription, for the perusal of it drove away our blues.

Hair Eaters.

At a meeting of the German Surgical Congress, Professor von Bramann described a case of a girl who had been in the habit of biting off and swallowing the ends of her long hair. In the course of time this hair formed an enormous mass within her stomach which could be readily felt. The subjective symptoms, however, were only a slight sensation of weight in the gastric region. When the stomach was opened the ball of hair was found to practically fill the stomach, having adapted itself to the shape of the gastric cavity, so as to resemble a cast gotten in a mold.

CRITIC & GUIDE:—As I understand Dr. Robinson is absent, I offer the enclosed friendly criticism to you, tho ignorant of your name. Page 242 (July) Roussell's ℞ will give about an 8-ounce mixture and I question if all the immense amount of salts *will dissolve* and if they do, with 16 doses the patients get 3i (60 gr.) each of Fer. and Mang. Sulph. and Acid Sulph. dil. which would be calculated to make them "shuffle off this mortal coil" if repeated soon.

Page 244 Drueck's ℞ calls only for dry ingredients and no base at all—there is no ointment.

This is so utterly unlike the usually exact and correct and up to date CRITIC & GUIDE that it makes me sit up and take notice, especially as I am an ardent admirer of the journal, agreeing with 9/10 of its sentiments, weeping when it weeps, laughing when it laughs, and enjoying the lashings and roastings it gives all humbugs and hypocrites.

In short, it is utterly unique and absolutely indispensable—wine and meat, victuals and drink combined.

Yours very faithfully,
FRANK THOMPSON BROUGH, Ph. G., M. D.,
Hackensack, N. J.

In the first prescription there is the mistake which is so frequent in medical and pharmaceutical journals, and which gives us editors more trouble than any other thing: there is an ounce instead of a dram; that mistake frequently occurs in copying on account of the similarity of the dram and ounce signs. In the second prescription read *Ung.* instead of *Pulv.*—Yes, when the editor is away, errors will creep in.

EDITOR CRITIC & GUIDE:—In your interesting Symposium on Humanitarians, August, 1908, were named great humanitarians of the 19th century, but the greatest was not named, namely: Dunant Henry, the founder of the Red Cross. Yours truly,
DR. A. G. WOLLENMANN, Ferdinand, Ind.

DEAR DOCTOR:—I very much enjoyed looking over "A Symposium on Humanitarians." Some of the selections are very remarkable and all are interesting. Sincerely yours,
R. W. SHUFELDT, M. D., New York City.

DEAR DOCTOR:—I enclose my check for one dollar to help *matters* along a little bit. I don't know just how I stand, but I

think maybe my subscription has expired. I am pleased with the stand you have taken in regard to the A. M. A. and N. F. matters. I have tried some substitutes for both Antiphlogistine and Glyco-Thymoline and they were indeed poor substitutes.

Of course, you make some random statements in the heat of argument at times—but so do we all—the most laughable being your recent assertion that physio-medicalists use no drugs. Being myself a Physio-Medicalist I happen to know that you were mistaken. However, let that pass. Yours with esteem,

ALFRED AHLMAN, M. D., Ochiltree, Tex.

[I was under the impression that physio-medicos did not or were not supposed to use any drugs—only physical methods of cure. If they do use drugs, why their name and wherein do they differ from regular physicians?]

"The CRITIC & GUIDE is the first magazine I read. It is always more than welcome." CHAS. M. COLLINS, M.D.,
Maquoketa, Iowa.

Editor CRITIC & GUIDE:—I was first attracted to the CRITIC & GUIDE from the fact that you seemed to delight in striking from the shoulder regardless of whom you might hit. As I am something of a "kicker" myself, your style amused and pleased me. Now I will give you a little of your own dope. I think without exception the August C. & G. was the poorest excuse for a medical journal I ever had the pleasure of seeing. I think it is full, from cover to cover, with a lot of uninteresting and uninstructive trash. Stuff that might go in some periodical of the cheaper order.

Trusting the future CRITIC & GUIDES will stick to medical subjects and not drop into socialism and humanitarian fields of thought and investigation, that are too deep for medical journals [or medical readers?], I am, Yours truly,

F. LINDLEY HOAG, M. D., Ionia, Mich.

DEAR DOCTOR ROBINSON:—What is the difference between Phosphate of Lime and Hypophosphite of Lime—especially the difference in their *therapeutic value?*. Respectfully yours,

J. L. CARDOZO, M. D., Brooklyn, N. Y

Calcium phosphate is $Ca_3(PO_4)_2$, is insoluble in water and is considered practically inert. Calcium hypophosphite is $Ca(H_2PO_2)_2$, is soluble in water and is considered a tonic and "nerve nutrient."

MY DEAR DOCTOR:—The contents of the CRITIC & GUIDE are always read with interest, tho of course not always with approval. Certainly I admire your vigorous, trenchant way of going after things. One thing I admire especially is your position on government and marriage relations, as against the doctrines of

extreme radical anarchists and freelovers, many of whom I meet freely in reform circles, including the Harmans, Sercombe, etc.

Addressing you now is to express my wonder over one of your paragraphs in the September number, namely, your remarks (p. 300) on antimony in the U. S. P. In itself it is a most trivial matter, but the principle in its bearing upon the pharmacopeia is important for doctors and druggists alike, and recognizing your clear insight and logical mind, I think you were napping when you wrote. For surely you understand that the pharmacopeia merely standardizes things prescribed by a large portion of the doctors and is not concerned about the value of a drug. So long as a drug is prescribed, so long the book must define it. But it should not carry obsolete preparations. Tartar emetic is in daily use, hence eligible. Sincerely yours,

ADOLF G. VOGELER, Chicago, Ill.

The paragraph in question reads as follows:

"We believe that the antimony compounds could all well be left out from the Pharmacopeia. Their therapeutic value is very problematical with the exception of tartar emetic. And this should also be discarded because its effect is very depressing and ipecac internally or apomorphine hypodermically are much superior."

We distinctly excepted tartar emetic. And when we said, it should be discarded, we meant it should be discarded by *physicians,* and we gave the reasons. It is true that tartar emetic is in daily use, but it shouldn't be.

MY DEAR DOCTOR ROBINSON:—Your editorial: "Are official remedies all-sufficient in our practice?" in the June issue of the CRITIC & GUIDE, is by far the best and most sensible thing on this subject I have ever read. It ought to be read by every doctor in the United States. "Let us not become hysterical" and such editorials as you are handing out will do much to put a little sanity and common sense into the heads of many doctors. Sincerely yours, GEO. F. BUTLER, M. D., Wilmette, Ill.

Santal Com. Monal.

Dr. J. A.—According to the manufacturers, Santal Comp. Monal has the following composition:

Methylene Blue C. P.....	1/2 grain
Santal Oil (95% Santalol)....	2 grains
Gurjun Balsam (Wood Oil)..	2 grains
Cinnamon Oil.....	1/2 drop

A Progressive Above Board Firm.

The antitoxins and sera are assuming greater and greater importance in the armamentarium of the physician and the surgeon. The H. K. Mulford Company have established a permanent museum in connection with their scientific department and school of instruction in which the manufacturer of bacterial vaccines, *antitoxins,* curative sera, small-pox vaccine and tuberculine is *fully illustrated.* By paying a visit to the Mulford laboratories *and museum* physicians can get a post-graduate course of instruction *in this* important, but not yet well understood branch of medicine *free*

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D. EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

A Declaration by the Editor.

Many of the things I write do not please my enemies. That is natural. But some of the things I write do not please my friends either. They think that some of the articles I have written would better have been left unwritten, for they have been too frank, too sharp, too much ahead of the times, and particularly too much above the heads of a medical audience, and in no case could they do me any "good." I am grateful to my friends for their advice and for their solicitude, but paraphrasing Mr. Winwood Reade, I will say: In the matter of editorial expression, I listen to no remonstrance, I acknowledge no advice, no decision save that of the divine monitor within me. My conscience is my adviser, my audience, and my judge. It bids me write as I write, without evasion, without disguise; it bids me go on as I have begun, whatever the result may be. If my opinions should be condemned, without a single exception, by every reader of the CRITIC AND GUIDE, it will not make me regret having expressed them, and it will not prevent me from expressing them again. It is my earnest and sincere conviction that my opinions are not only true, but also that they tend to purify, broaden and elevate the mind, and that this journal can be only of benefit to those who read it.

We will, therefore, continue to send it forth into the world as long as there is life in us.

A Criterion for Fair and Unfair Journalism.

Every editor, with the exception of those who know that they simply do the bidding of the publisher, probably thinks that he conducts his journal in a fair and honest manner. Still A may think that B's journal is not honest, and vice versa. Isn't there a criterion by which we can determine which journal is fair and square and which is not? For instance, I think that the CRITIC & GUIDE is fair, square and honest, and I think that the *California State Journal of Medicine* is not. Now, is this merely a subjective, personal opinion, dictated perhaps by unconscious bias, and incapable of proof, or is there a way to determine whether my opinion is right or wrong? I believe there is, and I wish to point out this criterion, so that it may be applied to all journals.

We cannot judge of the fairness or unfairness of a journal by the editorials alone; for two editors may hold diametrically opposite opionions and both may be sincere. One of course is wrong, but if he is sincere he cannot be accused of unfairness. Ignorance is a misfortune, but not necessarily a crime. And, therefore, editorial opinions alone, no matter how absurd and how exasperating are not sufficient to brand an editor as unfair or dishonest.

But here is the point. If editor A gives his readers an equal chance to express their opinions, if he prints letters and articles criticizing his stand and antagonistic to his propaganda, if in accusing a man of something, he gives him a chance to present his side of the story, then he may be considered a fair man. If, on the contrary, his pages are open to one side only, if he shuts out any discussion or controversy, then he may be branded as unfair or dishonest, no matter what his other qualifications may be.

A man should at all times be ready to have his opinions subjected to the most searching analysis, he should at all times be ready and willing to defend his stand, he should at all times be ready to debate the theories which he expounds. If he does not do it, it is for one of two reasons: He is either *afraid* that there may be weak points in his theories or opinions and that in a controversy the weak points will be laid bare for the world to see; or he *knows* that he is wrong, knows that in an argument he will be defeated; and he knows that he defends certain propositions simply because it pays him to do so.

Mistrust the man who is unwilling to discuss his opinions or to defend his position. There is something wrong with him. No harm can result from the most thoro discussion of any opinion, and if an editor is unwilling to allow the other side to be heard you have a right to brand him as unfair and his journal as dishonest. This criterion is infallible.

As Max Stirner says: *My truth is the truth.* Every opinion we *hold* we believe to be true or we would not hold it for one

minute. But while believing that our opinions are true, we should not be afraid to subject them to a little analytical criticism. If they are really true, we will only be confirmed in our faith; if they are not true, if a few critical attacks are able to punch them full of holes, then we should be only too willing and anxious to discard the shoddy garment of quasi-truth for the invulnerable armor of Real Truth.

The CRITIC & GUIDE is always ready and willing to discuss and to debate any of the propositions that it presents to its readers. More than any other journal that we are familiar with, does it believe in *audiatur et altera pars*—Let the other side be heard!

Some Unstylish Statements about Style.

Open the sluices of wrath and the floodgates of derision, ye stylists great and little! We are ready for any fate.

It seems to poor and humble me, that writers, real and would-be, are paying entirely too much attention and wasting too much time and gray matter on the style of their writings. I regard style in the same light as I do clothes. And in my opinion style bears the same relation to the idea, to the essence of an article, that clothes bear to a man. We like neat, clean, wellfitting clothes, but when we meet a man or a woman, who spends several hours a day on his or her toilet, we know that there is nothing to that man or woman—we know that their cranial cavities contain an enormous vacuum. Brainy men and women do not spend the greater part of their waking hours on their toilet and external appearance. They are acceptable in plain and sometimes even in distinctly shabby clothes. And so I think about articles (prose articles, of course; poetry is a different thing). When a man has an idea, a real message, he can convey it to the world in plain, simple, direct language, without alliterations, without epigrams, without attempts at *bon-mots,* and the world will understand it and appreciate it. Articles on which the authors spent hours and days racking their brains and ransacking the dictionaries are as a rule vapid and vacuous.

The Editor will have to crave his readers' indulgence and forgiveness for a few personal remarks. He—the Editor—is a very, very busy man. The CRITIC & GUIDE is merely a part of his literary work. His more serious and more important professional and editorial work lay greater claims upon his energies. He has no time to look in the dictionary, he never or very seldom scratches a word, he seldom examines or looks at the things that he has written. And he often writes as fast as he talks. And still—still he cannot complain of unappreciative audiences. On the contrary, he is not infrequently complimented on the clearness and directness of his "style."

There is never any mistaking of my meaning and the reader never has to do any guessing. And why? Because I write as

I talk. And I believe that this is the ideal way of writing—to write as one talks. But that can only be done when one has really something to say. Where there is paucity of thought, there must be an abundance of verbiage, and when the idea is slim and angular it must be padded with phrases and dressed in high sounding sentences. But not otherwise.

My advice is: If you have nothing to say don't say it. But if you have something really valuable to say, say it in a plain, clear, explicit manner (the only crime is murkiness, obscurity) and never mind the style. Clothes do not make the man, and style alone does not make an article.

I hope I will not be misunderstood. I appreciate good style as much as anybody. In poetry style is paramount. The hours spent over Schiller, Heine or Hugo have always been an unalloyed delight to me. But I claim that writing should be spontaneous; it should not be forced, it should not be like penitentiary labor. And I claim that in prose writing the thought itself is more important than the manner of its expression, and logic is superior to alliteration. Hours should not be spent in rounding out a phrase and the exactness of meaning should not be sacrificed to the sonorousness of the sentence.

A Pleasing Personality.

Editor J. wrote to Editor T. a very stupid, a very impudent letter, a letter that deserved the waste-basket, and nothing more. But Editor T., being of a conciliatory temperament, wrote to Editor J. that he was very much surprised at and hurt by his communication, and could not understand how he came to write such a letter, for "when I had the pleasure of meeting you, I found you to possess such a pleasing personality." And so, let us say a few words about a pleasing personality.

By all means, cultivate a pleasing personality. Cultivate a nice suave courteous manner. It is pleasing to those around you and is still more useful to your own good self. With suavity and courteousness you will gain from the world a good deal more than without these qualities. But pray let us not forget that a suave "pleasing personality" is merely an external attribute, tho a very useful one to its possessor. Good clothes are also very useful and very pleasing (again, especially to their possessor), but as good clothes do not make a good man, so does not a pleasing personality *necessarily* denote a good or an honest man. Very often quite the reverse. The pleasing personality, by which the average man understands a suave, courteous well-dressed gentleman, a good story teller, a ready treater, etc., is only too often a shallow-minded ignoramus, an unprincipled good-for-nothing, and not rarely something much worse.

As a matter of fact, the honest, straightforward man has *no need* of a "pleasing personality." He needs no artifices. He has no need of sugaring his words, of honeying his facial expression, of sweetening his manner. He is as he is. It is the bunco steerer, the confidence man, the promoter, the financial shark, the fraud and humbug in general that have need of sweet words and a saccharine saintly-benign facial expression. Without these attributes they could catch no victims, they would have to look for an honest job. To them a so-called pleasing personality is an *absolutely essential* attribute, for without it they could not follow their "profession" for the period of twenty-four hours.

Let us therefore bear in mind that while a pleasing personality is a good thing and should be cultivated by everybody, it only too frequently, under our present social conditions, covers a crooked conscience, a false heart and a depraved brain.

Once in a while it is well to keep aloof of too "pleasing" personalities. For I repeat, they are often nothing but masks worn skilfully in order to conceal the utter emptiness of the soul, the utter aridity of the brain, the utter blackness of the heart.

Proprietaries and Their Substitutes.

I am as much opposed to nostrums as any man in the United States, and I am opposed to them intelligently and disinterestedly; something which cannot be said of all our physicians and druggists. Many of the former are opposed to them merely because they follow the crowd, while the latter are opposed to them principally for financial reasons. There would be no opposition to nostrums on the part of druggists, if the profits on them were say from 50 to 100 per cent. Isn't that so, my friends?

I repeat, I am as strongly opposed to nostrums as any man in the United States can well be, but we must agree as to what constitutes a nostrum. Calling a perfectly legitimate open-formula preparation a nostrum doesn't make it one, all bias and dishonesty to the contrary notwithstanding. I may be unusually dense, but I fail to see why a certain preparation of known composition of a certain manufacturer is a nostrum, while an attempted substitute of the same preparation prepared by another manufacturer becomes a saintly ethical product. Maybe some of my readers possessing higher intelligence can see it; I can't.

I had occasion recently to step into the new store of a friendly druggist. "You will not see a single patent medicine or nostrum exposed to view; all put away in closets. Only ethical preparations." And here he showed me, exposed on the counters, a line of A. D. S. (American Druggists' Syndicate) preparations—substitutes for every well-established proprietary

product in America. Of the quality of some of these substitutes—the less said the better. "Do you really believe that these preparations are in any way superior or even just as good as those which they are intended to substitute?" I asked. "I do," he answered unhesitatingly. "Would you buy them and push them if they cost you *exactly* as much as the original preparations?" Some hesitation. "Perhaps yes, and perhaps not." "There is no perhaps yes here; you know very well you would not. And tell me one other thing. Which preparation would you give your mother, this substitute"—and I picked up a not very attractive A. D. S. preparation—"or the original?" He did not answer, and a customer conveniently came in at the moment.

The N. F. propaganda has its *raison d'etre,* but cannot the thing be done without the admixture of pious fraud and saintly hypocrisy? And the attempt to throw dust in the eyes of the Editor of the CRITIC & GUIDE certainly requires an extraordinary amount of nerve.

The Army Canteen.

Whether the abolition of the Army Canteen has resulted in increased drunkenness or not still remains a debatable point. But there is another side to the question, a side which has been well stated by Colonel Valery Havard in the discussion on the Canteen, which took place at the sixteenth annual meeting of the Association of Military Surgeons of the United States (Military Surgeon, October). Colonel Havard said: "My objection to the present policy of excluding wine and beer from the canteen is that it renders the life of the soldier less pleasant, more irksome; it violates his personal liberty, that is, those rights to which all men are reasonably entitled. In regard to his eating and drinking, he ought to enjoy the usual privileges of any citizen, so long as he is not guilty of any excess which, in the opinion of his superiors, might be detrimental to his health or morals."

Those are our sentiments.

The Change in the N. A. R. D.

One cannot but feel gratified at the metamorphosis which the National Association of Retail Druggists has undergone within the last year. From a mere price-protection bureau, from an appendix to the nostrum manufacturers—boosting the proprietaries which were sold to the druggists at $8 a dozen and condemning those that sold at $9, regardless of merit or demerit—it has become an association with some real ideals, and its work will tend to elevate the status of pharmacy. But even now it gives once in a while rather poor, cheap counsel. In the issue

of Sept. 24 (p. 39) of the N. A. R. D. Notes we find the following piece of advice: "Push profitable goods and eliminate the unprofitable ones. You are not in business for your health." Should the druggist push a worthless nostrum or an inferior substitute in preference to a valuable ethical preparation, because he may make a few cents more on the former? Evidently not. What the N. A. R. D. Notes meant to say (and if it *didn't*, it *should* now) was this: Push profitable goods and eliminate the unprofitable ones, provided both are of equal value." But the advice is a superfluous one. Druggists as well as other merchants need not be taught to push goods, on which they make the most profit.

By the way, isn't the work of the present N. A. R. D. rather a duplication of the work of the A. Ph. A.? And wouldn't it be best for all concerned if the N. A. R. D. joined the A. Ph. A. in a body, becoming perhaps the commercial section of the latter?

An Unforeseen Result of the Council's Work.

It is a fact which needs no emphasizing that the physician who is an optimist, who is himself imbued with thoro confidence in his remedies and methods, will accomplish better results, will cure more patients and cure them more quickly, than the physician who is a skeptic, who is not sure of anything, who never makes any positive encouraging statements, who only guesses and hopes that the prescription *may* do the patient some good.

A critical investigating attitude is one thing, hopeless nihilism is another. And he who sows the seeds of this noxious weed of therapeutic nihilism is injuring the physician and the public alike. And that is just what the Council of Pharmacy and Chemistry has been doing—to be just, unintentionally—during the past two years. The average physician does not know where he is at. He has been using certain remedies for years with what seemed to him—poor ignorant fellow—good results. Now, the Council comes along and—because the name of the remedy is blown in the bottle, or because there is a circular around it, or because the manufacturer has taken some poetic license in describing the therapeutic possibilities of his remedy, or because the test tube experiments did not satisfy the non-medical chemist, or because the pills weighed a fifth of a grain less than claimed—tells the doctor that to use those remedies is to write himself down an ignoramus, "an outsider," a traitor, a renegade, a what not. The poor doctor is dazed. His favorite friends have been traduced, his idols have been shattered, annihilated. But, poor humble fellow, he knows that he does not know enough to judge. Jones tells him so (see Sept. *Calif. State Jour. Med.*, p. 293). "You cannot depend upon your own judgment, for you do not know enough to judge." So the poor hard-working bedside practitioner is told by Jones and other quasi-doctors who

never felt a pulse, who never trembled when a patient's life was in the balance. And so we say the poor humble doctor who is told he does not know enough to judge of the *therapeutic effect* of a remedy and who wishes to do the best for his patients drops his old friends and begins to look around for new ones. He feels lonesome, but he is told that in a certain place, called N. F., he will find friends "just as good" and cheaper. He begins to specify those new friends, but he does not find them just as good. In fact, he finds that those new "just as goods" do not look and do not taste exactly the same, when ordered from different drug stores. And once in a while a patient complains of the nauseating taste and an upset stomach. The poor doctor becomes still more deeply dazed. He does not know whom to believe. And when he is told that the N. F. propaganda is not *altogether* based upon pure and noble motives, and is not *altogether* meant for his benefit, he becomes so rattled that he does not know what to do. One of two things happens. Either he goes back to his old friends or he becomes a therapeutic nihilist, vacillating in his prescriptions, doubting his skill, prescribing less and less, often falling a victim to one of the numerous fads, or even getting out entirely from the profession of medicine, declaring that medicine is a fake, nothing but guesswork, etc., etc. Ask any druggist, and he will tell you that while the percentage of U. S. P. and N. F. preparations prescribed may be larger than before, *the total amount of prescription business* has fallen off enormously. Hundreds of druggists' subscribers from the Eastern States write to us to that effect. And what is true in the East is probably also true in the West. At no time in the memory of a generation has the drug business been in such a precarious condition. And while there are undoubtedly other causes, there is no question in our mind that the sensational, occasionally vindictive knocking of useful and well established ethical preparations, and the consequent general drug skepticism in the profession constitute the most potent factors.

The Council has a useful field of activity. But its work has been perverted. Properly managed, the Council could have accomplished the same amount of good, *without* any concomitant evil. As it is, the thinking and unbiased physician often has difficulty to decide whether the good accomplished by the Council overbalances the evil or *vice versa*.

Criminal Abortion.

A "symposium" on criminal abortion was read recently before the Orleans Parish Medical Society. A number of physicians, a Catholic priest and an Honorable took part in the discussion. A new idea? Not a trace. The same ranting against *the abortionists*, one physician vying the other in his expression

of execration of the crime of abortion, the same talk that the foetus is a living human being from the moment of conception, the same characterization of the unfortunate girls and women as common murderesses, in short the same cant, the same hypocrisy; but not the slightest attempt to go to the root of the matter, to search for the real cause of the increase of this terrible condition of affairs.

One virtuous physician, a Dr. Keitz, who participated in the discussion, overdid himself slightly, we fear. He said he would not go to help a woman who was bleeding from an induced abortion. Here are the noble doctor's exact words, as reported in the *New Orleans Med. and Surg. Journal* (p. 296): "My advice is not to go to cases of hemorrhage from criminal abortion at all. I refused once to go to such a case, and the messenger threatened to have my license taken away because I would not help the bleeding. A woman *committing this crime should die,* as she has taken human life, and her life should be the penalty."

Oh, how utterly disgusting, how brutally cruel! And this is a member of our profession, which is supposed to relieve suffering wherever found, to save life under all circumstances.

Since when are we supposed to constitute ourselves inquisitors, to inquire into a person's morals before we will agree to give him aid and comfort?

Will We Soon Be Obliged to Discard Heredity as a Factor in Tuberculos's?

In one of our editorialettes (July CRITIC & GUIDE) we reported the results of an investigation by a Russian physician, E. E. Miller, tending to show that hereditary transmission of tuberculosis, or even hereditary predisposition to it, was a medical myth. In 71 consecutive cases treated by him during a period of four years only 11 (15.5 per cent.) gave a history of tuberculosis in one or both parents. We are now able to present to the consideration of our readers a wider and more important investigation. In a certain life assurance society (Scottish Widows' Fund, etc.) there were 524 deaths from tuberculosis in the period from 1874 to 1894. Dr. Claud Muirhead (*Edinb. Med. Jour.*) took to himself the task of investigating into the family history of those cases and for comparison's sake he did the same thing with 502 cases of death from apoplexy. Among the "consumptives" it was found that parents were admittedly tuberculous in 8.39 per cent. of cases, but this percentage was increased to 15.26, if those cases were added in which subsequent inquiry afforded good grounds for the suspicion of the tuberculous taint in one or other of the parents. If, further, the existence of tuberculosis among sisters or brothers is taken into account, then the total number with a history of family taint was 182, or 34.72 per cent.

On contrasting the family history of the "non-consumptives" —i. e., those who died from apoplexy—with the above, the following figures were obtained: Parents admittedly tuberculous, 7.37 per cent., increased to 13.15 per cent. by parents possibly consumptive; while, on adding those with tuberculosis among brothers or sisters, the total percentage with a history of family taint, acknowledged or probable, was 47.21. In other words, there was actually a larger percentage of members with consumptive relatives among those *who actually died of apoplexy than among those who ultimately died of phthisis.*

The logical conclusion, Dr. Muirhead says, in summing up his consideration of the whole question of hereditary predisposition in relation to phthisis, is, that in the adjudication of a proposal with a family history of phthisis, while we cannot discard from our minds such history as a predisposing cause of the disease, we must attach much less importance to it than has been the practice in former days. Those who have reviewed the literature on the subject, and have had a wide personal experience, will agree with Dr. Muirhead.

The Origin of Rectal Enemeta.

Rectal enemata are as old as medicine, for there are records of their having been employed in the remotest antiquity. But their origin is curious. The first users of rectal enemata are said to have been the Egyptians, and tradition has it that they learned the practice from the Egyptian bird, the ibis. The ibis is in the habit of sucking up water with its beak and then introducing it into the rectum, for the purpose of producing a movement of the bowels. The Koran also says that the first animal to use an enema was a bird. The bird had eaten too much fish, which it had caught with its beak; feeling too full, it took up some sea water with its beak, introduced it into its anus and thus evacuated what it had eaten. It might be mentioned that up to the fifteenth century the method of giving an enema was in many places peculiar. A tube was inserted into the rectum, was filled with water, and the water was expelled by the administrator blowing into the opposite end. This procedure is still in use in some places in Africa. Up to about seventy-five years ago the apothecary was generally called into requisition whenever an enema had to be administered; after that individuals gradually learned to use the syringe without outside aid.

Could anybody tell us why Dr. Albert S. Ashmead is so *awfully, awfully* angry at the Japanese? Are the Japanese really *such devils incarnate* as he is picturing them to us?

Letters from the Editor.

Treats of Saints and Quasi-Saints.

July 10th, 1908.

DEAR CHILDREN:

To-day we passed the Azores. For about three hours we went very close by the coast of San Jorge, so that we could see very well the houses, windmills and occasionally also the people. Seeing land on an ocean trip always causes a welcome excitement and diversion. It breaks the monotony of the endless ocean spread. Monotony is death. The human mind, the human eye, the human ear, the human taste abhor monotony—just as they are tired out by too much variety, by too many rapidly succeeding each other diversions. The poor devils in the steerage were particularly wild and vociferous at the sight of land, probably because in the steerage the monotony is still more killing, they have nothing to read, no games to indulge in—and the environment does not invite to flirting. I took a good snapshot of the island San Jorge, which I will send you as soon as I have developed it.

Mamma liked the Azores so much—San Jorge looked so picturesque—that she said we must all spend the next summer there. Perhaps she does not know yet that all islands, all bays, all mountains, all hill-built cities and villages look more picturesque and more attractive from a distance. As we approach them closely, as we reach them, a good deal of attractiveness and romanticism is dissipated, and on close inspection the thing sometimes appears very decidedly prosaic. Is it not so with all our aims, ambitions and ideals? Is not only too often the expectation much more pleasant than the realization? We bend all our energies, we use all our strength, skill and prowess to reach a certain point. And when we get there, do we not often ask: Is that all? And was it worth while? But the Azores are interesting islands, and if Altruria is not ready by that time and if nothing unforeseen interferes, we will spend some weeks next summer in the Azores islands—in San Jorge and San Miguel—provided you, Victor, have no objection to stay in islands which bear the names of saints.

Were they really saints? In the minds of the common people—and you well know that by common people I do not mean the poor people; some of the commonest people on earth are found among the four hundred—in the minds of the common people, I say, the idea of a saint is something like this: A man with a long gray beard and long gray hair, who has retired to a cave, away from the people, eats and drinks little and washes less—for the flesh must not be pandered to—and spends his time in prayers and genuflexions. No, those are sham saints. They have been of no use to the world. A real saint

is he, who remains in the midst of the people, advising them, teaching them, guiding them, and fighting with them and for them against oppression, tyranny, injustice, physical slavery and what is just as bad, mental thraldom. There have been many such sains at all times and in all countries, but the most remarkable types of adorable saints can be found right now—in Russia. I cannot help becoming absorbed in the deepest admiration, whenever I happen to think of the Russian revolutionists. The world has never seen equal courage, equal self-sacrifice and I believe we would look thru the pages of history in vain for examples of such absolute unalloyed self-forgetting altruism. Think of it—men and women who could live lives of ease, comfort and even luxury take up a fight, a fight at most absurd odds, with the most cruel, most merciless, most inhuman bureaucracy that the world has ever seen; they enter into the fight with their eyes fully open, knowing that the result can only be—a dungeon, a Siberian mine, life exile to the frozen north, the knout, insanity from solitary confinement, or the gallows. And still these young men and women falter not—for in them burns the sacred fire of liberty, of human happiness; for their heart bursts with indignation at the indescribable atrocities of the Russian band of assassins miscalled Government. Those men and women are real saints—and the time is not far distant when history will crown them as such. But we must not lose our equilibrium—and so good-bye until to-morrow.

Your loving father.

Just a few Words about Gibraltar.

July 14th, 1908.

DEAR CHILDREN:

About what shall I write to you to-day? I don't know. I never know beforehand what any of these letters to you is going to contain. I do not wish to compel my thoughts to go in one certain direction. This would mean real mental effort—and you know I promised myself to make as little mental effort as possible during these three months. Yesterday we arrived at and paid a short visit to Gibraltar. The sky was beautifully clear, the sea was as smooth as a mirror, and the approach to Gibraltar while the sun was setting was truly magnificent. The enthusiasm at the scene was not a feigned one. We were taken to Gibraltar on a tender at 8 p. m., and it felt good to feel *terra firma* under your feet once more. We took a drive thru the town, saw everything we could see in the evening, and then we dismissed the carriage and walked. The town is quite unique. This was our first visit to Gibraltar, and a place seen for the first time by artificial light always produces a stronger impression than if seen in broad daylight. The numerous *Tommy* Atkinses and their officers, the Moors with their enor-

mous turbans, piercing eyes, black beards, white mantles and bare legs, the Spanish ladies and the various mixed breeds add variety and picturesqueness to the scene. I will not describe to you the fortress, the size of the largest guns, the governmental provision stores which are said to contain provisions for seven years—I will omit all that, because I know that everything of a military character is obnoxious to you. A number of black warships were disfiguring the beautiful bay of Gibraltar—but what interest have you or I in these implements of destruction? *Si vis pacem para bellum* may be true—I do not claim a high degree of statesmanship, but somehow or other it does not appeal to me. In my opinion, the best way to avoid war is to reduce the standing army and the number of warships to a minimum. Militarism is now the most terrible incubus of the European nations—it is destroying their very vitals. Are we approaching the time when the same will be the case in the United States? Heaven forbid. To spend less on warships and more on *real* education would be by far better. But what can a humble pacific citizen do, when in the Presidential chair sits a militant, strenuous hero?

We returned to the steamer at 11 p. m., and it was as perfect a night as I have even been privileged to see. The sea was smooth, the moonlight almost equalled sunlight in its clearness—you could read by it without any difficulty—the band played, the passengers sang—and everything and everybody seemed to exhale calm and peace. The threatening giant—the fortress of Gibraltar—was rudely out of place just then. But it can't be denied that it looked magnificent and majestic. When we reached the steamer we were in such exhuberant *mood* that we couldn't think of going to our stateroom, and so we stayed up on the deck, talking, thinking, dreaming until 2 a. m., when Morpheus became very pressing with its claims.

Treats of Types of Doctors.

July 15th, 1908.

DEAR VICTOR:

When, in examining the passenger list, you noticed that besides myself there were six other physicians on board, you remarked: "You will certainly not feel dull on this ship. See how many professional colleagues you have." Well, the journey is nearly over, and my acquaintanceship with my professional colleagues has hardly advanced beyond the formal and occasional courtesy-chat-stage. Let me see why.

Two of them you very rarely see on deck. Wishing I presume to give rest to [illegible] of the passengers to exercise in proper physical and moral living, they spend the entire day and a very large part of the night [illegible] in their [illegible] but the lights are there put out, in the smoking room drinking

smoking and playing cards. And one of them bears the marks of his mode of living very distinctly on his face. I should not like to employ him as a physician. Do you know, my boy, what I believe? I believe that the physician of the future will have to lead a very clean—at least physically clean—and hygienic life, and will himself have to be a specimen of good health. If he is not, he will have no practice. The people will demand that those who presume to keep them in health or cure them from disease should first show what they can do with their own bodies. As we would not think now of employing a puny weakling as physical instructor, so the people of the future will not think of employing as internists men, who themselves are rheumatic, gouty, obese, dyspeptic, ataxic, or too ardent worshippers of Bacchus. It was not like this in former years, you know. A physician's personal appearance and habits had nothing to do with his practice—on the contrary. Well do I remember one physician in our town. He was almost bent in two with rheumatism, one leg was paralyzed, so that he dragged it in what seemed to me a very funny manner, his normal condition was that of mild inebriety—the oldest inhabitant did not remember ever having seen him in a state of perfect sobriety—and he swore like seven troopers. He terrorized the women and the children. And still he had the largest practice in town—more than the other three physicians combined. But you see, medicine was formerly surrounded with a shroud of mystery (and still is in the minds of the ignorant). The people believed in and were overawed by our quasi-supernatural mysterious powers; as one would not expect a sorcerer, a magician, to look and act like an ordinary human being, so the physician was forgiven for all his departures from the normal. But now—the shroud of mystery has been rent asunder, and the people demand of the physician that both in his physical and moral life he should be rather more than less of a normal human being. He should exemplify in his person the higher attributes of mankind, rather than the lower. As a Boccaccio priest could not now hold a pulpit for any length of time, so will a physical and moral debauchee not be able to practice medicine in the future.

But didn't I get off the track? Well, I told you that I would write just the way the thoughts would come into, or rather be generated in, my cerebrum. If the letter on that account comes out longer than it would if I stuck strictly to my theme, then so much the better for all of us; more of my time, of which on a steamer one has a superfluity, is used up, and you have more to read.

And so, as said, two of the physicians—we will call them No. 1 and No. 2—I have no chance to talk to: they are not *visible on* deck and are constantly engaged in to them evidently *very pleasant* occupations. No. 3 is a very charming young *fellow, but* as ignorant as a young bat. He said it was strange

that his wife had not been sea-sick all the time, but began to feel squeamish and nauseous last night. As I saw her the previous day standing for hours and looking thru the marine glasses at some passing vessels, real and imaginary, I suggested, just to keep up the conversation, that perhaps she had strained her eyes too much. He was surprised. He did not see what connection the eyes could have with the stomach. Now came my turn to be surprised. One word brought another, and to my ill disguised astonishment I made the discovery that my friend *had never heard* of the eye-strain theory. *Had never heard* the name of George M. Gould, had never seen or heard of the *Philadelphia Medical Journal* or *American Medicine;* had never heard of Geo. M. Simmons or the *Journal of the American Medical Association.* But here is something funnier still; he was going to Vienna, he told me with some pride, to take some special courses in Surgery and Pathology, *and the names of our Mayos were utterly unfamiliar to him.* Now, dear, what else could I speak about with my learned friend? I might add that he did not know a word of German, and I could not help being sorry for the money he was going to spend on his "special" courses. If he spent them in some post-graduate school in our own country, he would derive *more* benefit. He could not derive *less,* for there isn't anything less than *nothing,* and *nothing* is what he will learn in Vienna.

No. 4 is a different type altogether. I have heard of such types, but have not come into close contact with them. He is about fifty years old, I should judge. I envy him. He knows it all. He has not forgotten anything that he learned twenty-five years ago, nor has he acquired any additional knowledge. He does not consider it necessary. I have spoken to him several times and I know. He interests me. There is no wavering in his treatment. No doubts assail him, no uncertainties spoil his appetite, no worryng questions disturb his sleep. He remembers by heart the formulas of his favorite cough mixture, headache cure, dyspepsia cure, rheumatism liniment, etc., etc. When in doubt he goes to his book, and he firmly believes—such loyalty is delightful—that the text book he studied twenty-five years ago is still the best guide in existence. With his text book nothing "phases" him. Heart disease, kidney disease, locomotor ataxia, meningitis—it is all the same to him. He prescribes what the book says and his duty is done. The result does not bother him. "And if the patient is constantly and evidently getting worse under the treatment?" Then it is none of his business. It is the book's fault. It is his professor's fault. He could not be so presumptuous as to hope to excel or to improve upon the elder Flint. "But medicine is not a closed book, it is not a settled-once-for-ever science. It is constantly progressing. New methods of treatment are being constantly

introduced; some, it is true, worthless, but others unquestionably useful. New remedies are being discovered, new uses for old remedies are found," etc., etc. Thus I. Oh, well, he didn't believe in the new-fangled notions. "But don't you think that what you studied twenty-five years ago was probably new-fangled notions to those who had studied fifty years ago?" "Perhaps—H'm. That's the second bugle. I guess I'll go go down." And he went down to dinner. But I talked to him again and again. Of the acquisitions of the last two decades he has condescended to adopt into his practice diphtheria antitoxin—rather reluctantly, and only because the people themselves talk about it—and two or three synthetics. Of the suprarenal preparations he knew absolutely nothing—not even the name. The various immunising sera and tuberculins, the opsonic theory and therapy—Confucius in the original could not have been more foreign to him. Ah, such serenity, such *finality,* such self-confidence and self-assurance are "just too delightful for anything," as I have just heard a Casino girl say about some chocolate creams. If we could all practice medicine like that, why the practice of medicine would be an unalloyed picnic. (Have you ever heard of an unalloyed picnic?)

But here comes the climax. He, Dr. N., No. 4, is a member in good standing of his county and State societies and of the American Medical Association. And yet he had but a very vague idea, *if he had any idea at all,* as to what the Council on Pharmacy and Chemistry was and what it was doing. But he was getting the *J. A. M. A.* every week, and the *Journal of the American Medical Association* contains every week something about the Council and its work. Yes, but he was "too busy" to read the *Journal.* He wouldn't open it sometimes for weeks at a time. Sometimes he would open it and look at one or two articles, but he would never have the patience to read them thru. "They are too long winded and of no interest to the busy doctor." Oh, those busy doctors, so busy that they haven't the time to follow the progress, such as it is, of their profession. And when it comes to their general culture—really the less said, the better. It is a positive fact that some of the worst quacks have a better general education, and are more cultured than a large contingent of our orthodox brethren. No wonder that in some parts of our country there is such a chasm between the intelligent laity and the regular medical profession. There were some townspeople of Dr. N. on board, and from them I learned that he had a very, very large practice and was considered the best doctor for many miles around. This may surprise you; it did not surprise me. Self-assuredness, self-confidence, non-hesitancy are the physician's most valuable assets, and who possesses them in a large measure may be reasonably sure of a large practice. And so we are thru—or let us be if we are not —*with No. 4.*

As to Nos. 5 and 6—they are elderly men, well informed on matters purely medical, but not otherwise. As I do not care just now to discuss the treatment of typhoid fever, pneumonia or appendicitis—I am trying to get away from this for a time—and we have no other interesting topics in common, our conversation is limited to trivialities.

Good night. May the fairies be good to you by day and may the angels watch over you by night. Love to the other children. Your fastidious father.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

A New Method of Producing Local Anesthesia.

Dr. George E. Beilby (*Albany Med. Annals,* Oct., 1908) has witnessed in the clinic of Prof. Bier the application of a new method of anesthesia which he had just presented to the German Surgical Congress. Bier terms it the method of *indirect local anesthesia.* It can only be applied to the extremities, but even this is a marked step in advance, for bone and periosteum are thus anaesthetized as well as the soft parts. It is likewise interesting from a physiological standpoint and is a valuable contribution to the subject of local anesthesia.

The method is as follows: The limb is first rendered bloodless by the application of an Esmarch elastic bandage while the limb is held in an elevated position. A tourniquet is then tightly applied above and below the proposed field of operation. Under infiltration anesthesia a principal vein or one of its tributaries is exposed in the distal portion of the operation field and its lumen opened by a small longitudinal incision. In operations upon the knee-joint, for instance, the internal saphenous vein may be made use of. A canula is then introduced in the vein and made secure and from 50 to 100 cubic centimeters of a one-half per cent. novocaine solution is introduced, the injection of the solution being made under considerable pressure. By thus making use of the veins as a medium the anesthetic solution is carried to all tissues, including periosteum and bone, which lie between the proximal and distal tourniquets. In from three to five minutes complete anesthesia is obtained which continues for a length of time sufficient to perform any operation. At the completion of the operation before the removal of the tourniquet the novocaine solution is allowed to escape from the vein and as an extra precaution the veins may be washed out with saline solution. This method of anesthesia has the advantage of being applicable to any operation upon the limbs where a segment may be thus anesthe-

tized. Properly employed it is apparently without danger. But one should bear in mind that the quantity of drug used amounts to a toxic dose if allowed to enter the general circulation.

[While we think this method is rather too delicate to ever come into general use, still it is very interesting and may in experienced hands become the method of choice in a selected class of cases. Editor.]

Antimeningitis Serum in Meningitis.

Dr. James Dudley Morgan and Dr. W. W. Wilkinson report in detail the treatment of ten cases of epidemic cerebrospinal meningitis with Flexner's Serum. (*Archives of Internal Medicine*, October, 1908.) We reproduce their summary which is as follows:

1. In ten cases of epidemic cerebrospinal meningintis treated with the antimeningitis serum, seven patients recovered, and three died, giving a mortality of 30 per cent. Omitting one of the cases, which was one of chronic hydrocephalus, we have a mortality of 22.2 per cent.

2. Following the serum-injections there was usually considerable improvement in the clinical symptoms.

3. The course of the disease was considerably modified; an average of twenty-three days for all seven, and in five of the cases, fifteen days.

4. Only two patients who recovered suffered from sequelae.

5. The serum caused a marked diminution in the number of diplococci in the spinal fluid; a disappearance or degeneration of the organism in coverslips, and in the majority of cases its growth was promptly inhibited.

6. Phagocytosis was either unchanged or increased.

7. In five out of eight cases the leucocytes showed degenerative changes following the serum injections. This explains the rapid clearing of the fluid observed following the injection.

8. The leucocyte count rose in three cases, in all of which the patients recovered. It fell in five cases, in two of which the patients died.

Successful Treatment of Coryza.

We read in *The Hospital* (October 3d, 1908) that Dr. Lowy, of Karlsbad, does not agree with the statement of a well-known physician who declared that "an acute attack of coryza lasts three weeks, if left alone, and when the physician treats it, twenty-one days." On the contrary, he urges an active treatment of every case of coryza. He has found great benefit from a 10 per cent. solution of protargol, which is sprayed into the anterior nares, or applied by means of a fine camel's hair brush to all parts of the nasal mucosa. This remedy suffices for all early cases, one or two applications of the solution being usually sufficient. When

the case is advanced, the brushing must be repeated several times a day or tampons soaked in the protargol solution must be inserted into the nostrils. He has used the solution with success in old case of rhinitis, and has found it to answer excellently in the majority of cases. When the solution is not well tolerated he employs a mixture of camphor and menthol (four parts menthol and one part camphor). A few drops of this heavy oily liquid are added to a small amount of water in a test tube which is heated over a spirit lamp. The patient holds the tube under his nostrils, and draws the vapor into the anterior nares, taking care that the liquid does not spurt. Another mixture he employs is oleum menth. pip. in alcohol and water, equal parts, which is similarly inhaled. Internally he gives his patients 15 grains of aspirin. Above all he urges them to inspire and expire with the mouth wholly closed, and in all cases he lays stress on the importance of nasal respiration in the treatment of chronic cases.

"Cold in the Head."

Acute coryza may be aborted by a hot foot-bath at bedtime, followed by hot drinks and generous covering, so as to cause free perspiration. The attack itself is treated by Dr. Geo. C. Stout as follows: A saline cathartic is given, and 1/20 grn. of strychnine administered thrice daily to stimulate the nervous system. If the discharge from the nose is free, the following tablet may be used:

Morphine Sulphate.	1/32	grn.
Strychnine Sulphate.	1/95	grn.
Atropine Sulphate.	1/150	grn.
Arsenous Acid.	1/100	grn.
Aconitine (Cryst.)	1/1000	grn.

One to three such tablets daily, according to symptoms.

The local treatment is started by a gentle cleansing of the nares with some alkaline antiseptic. A 1-per-cent. solution of cocaine is then carefully sprayed into the nose, and followed in five minutes by a 2 per cent. solution of antipyrine. This in turn is followed by insufflation of calomel, and finally a solution of menthol (5 grn. to the ounce of liquid vaselin) is sprayed into the nose. These measures are carried out once daily by the physician. For the accompanying pharyngitis or laryngitis, this spray or inhalation is recommended:

Oil Eucalyptus.	2 min.
Zinc Sulphate.	10 grn.
Antipyrine.	40 grn.
Distilled Water, to make.....	2 oz.

At the same time a capsule like the following may be given every two to three hours:

Powd. Opium.	¼ to ½ grn.
Camphor.	1 grn.
Ammonium Carbonate. ...	1 to 3 grn.

"*Hysteria and hypochondriasis,* formerly almost the exclusive appanage of the rich, the indolent, and those of a wasted life, are known to attack in great proportions the working and the agricultural classes, among whom suicidal tendencies prevail." Written by B. A. Morel, a French physician in 1857.

Urotropin or hexamethylenetetramine should never be taken dry. It should always be taken dissolved in at least half a glass of water. Most cases of renal or gastric irritation, albuminuria or hematuria will be found to have followed the administration of the drug in the dry state.

In former years, and for all we know also now, French workmen often used to cure themselves of their gleety discharges by drinking for several days large quantities of the water in which blacksmiths quench their red-hot iron, which, as is well known, contains a good deal of iron. In lazy indolent cases of subacute and chronic gonorrhea we have been giving tincture of iron with small doses of tincture of cantharides with what seemed to us undoubted benefit.

Pravaz was the first to use ferric chloride by injection in the treatment of aneurism.

Cream of tartar is but slightly soluble in water: one in 200. The addition of borax renders cream of tartar very soluble, for the two form a chemical combination: the so-called soluble cream of tartar.

As far as possible we should avoid dispensing spirit of nitrous ether with water, because water has a tendency to decompose the ethyl nitrite. Glycerin, on the other hand, is very useful as a preservative of spirit of nitrous ether.

Nitroglycerin should never be prescribed in tablet form. Many of the nitroglycerin tablets on the market are practically worthless. Nitroglycerin is too volatile a substance to be made into tablet form. When you want nitroglycerin prescribe the solution.

Chemically nitroglycerin or glonoin is glyceryl nitrate. Nevertheless it acts like the nitrites. The reason of it is that during its decomposition in the system in yields nascent nitrous acid. The average dose is one to two minims of the spirit of glonoin, but it may be gradually increased to 5 minims in cases with high arterial tension.

Within half an hour after the administration of santonin, you generally can detect it in the urine which becomes tinged a yellow or greenish color. The addition of an alkali to such urines develops a red color.

Egoism versus Altruism.

By G. S. BROWNING, M. D., Sioux City, Iowa.

Yesterday I was reading some observations of an alleged optimist, and he remarked that contemplation of the mere external, the face of life, was the father of pessimism; that the face of life will repel anyone in time; that the pessimist can see only the exterior; but let him look thru and beyond the face to life's real meaning, to its heart and soul and he will no longer be a pessimist.

Then I reflected, what indeed would he see in the inmost heart of life as the ever-present omnipotent, all-controlling motive and purpose of each individual existence? And after eliminating every other, tho I tried hard to retain many a one in turn, the one undeniable, incontrovertible and colossal motive that remained and stood out in horrible disheartening character was SELFISHNESS.

Every conceivable argument and phase of logic was adduced to unthrone and destroy the hateful word, but none, not one could efface this evident truth that each life has for its fundamental purpose, and aim of all its efforts, the gratification of the desires of itself—selfishness.

First came to me the thought of love—pure unmodified love of any kind—parental, filial, conjugal or the so-called love of Deity—in one and all what is the origin and what means the consummation of these impulses? The effort to gratify egoistic desires and secure contentment for self, nothing more. We think of mother love for her child as the purest and most ideal emotion, and what of it? Merely the engrossing love for a part and product of herself. Would she or could she give to the child of another the devotion of her maternal love? No: hers is the most beautiful, brightest and incomparable baby in the world.

And what can such emotion be but an expression of egotism, an exalted conception of a replication of her own being, a germinative edification of her *ego?* And what of the child? Before its reason has been trained to exhibit consideration for others it believes, no doubt, that the earth and the sea, and all that in them is, was made for its special delectation and the gratification of the desires of its own pigmy self.

When it becomes older and reason develops the child loves its parents. Why? Because these furnish it means of sustenance and the necessities of life, affording it all necessary physical requirements or the objects of its selfish desire. As age increases and development progresses sexual instinct and love appear. And where is found their primary origin and foundation of existence? Tho youth and maid in their mutual attraction and admiration may have the purest thought, exhibit the chastest conduct, and actual physical expression of their love is farthest from their minds; and tho their love appears to them as the purest and

noblest of flowers, yet the primal germ, the deep life-giving roots of that tree are embedded far down in a vital selfish yearning for physical consummation of sex functionation. The next step in the natural sequence of loves is the conjugal, or that exhibited by husband and wife, and here the element of simple gratification of the individual sensual appetite is clearly apparent. Husband does not willingly or of choice live with wife, nor wife with husband for any other possible reason than to satiate the natural desires of each—physical sexual gratification, desire for offspring, possession of a home, etc.—and to attain therefrom a degree of pleasure and happiness for each self.

We may go a step farther and inquire why the love of child exists for aged parents, manifesting itself by caring for them with devoted attention in helpless senility. How does the element of selfishness become evident here? This filial affection is the fulfilment of ideas of filial duty to those who have previously cared for the child. And what is duty and why is it done? Duty is that office which reason and a sense of justice declares is ours to perform and we perform it to put our minds at rest, thus acquiring mental well-being and satisfaction which furthers the fulfilment of our self-centered desire to be comfortable in mind and body.

And why do people exhibit the so-called love of Deity by the numberless ceremonials and forms of religion? It may be in a degree the fulfilment of an idea of duty required as a recompense for imagined benefits received from such a source; or, if not that entirely, then a desire to obtain future happiness and contentment by a continuance of the aforesaid blessings and personal favors. It surely is not because people believe that a Supreme Being will be materially benefited by their religious ceremonies or that their love and worship is necessary for his existence. How long think you would religionists manifest this love for divinity if they believed that no personal advantage would acrue to them therefrom, or that no misfortune would befall or penal consequences afflict them by reason of this omission, even supposing that this God should ask or actually require such manifestations? If the factors of personal self-attainment and immunity from dreaded punishment were eliminated from religions I venture to assert that ninety-nine per cent. of the thousands of churches in the world would be to-day theatres or commercial institutions instead of what they are.

In considering other emotions and motives for the various acts of human existence—industry, economy, frugality, generosity and apparent self-sacrifice—the factor of selfishness may not be so evident at first thought. In the characteristics of industry, etc., which lead man to the attainment of wealth and fame, the factor of self-gratification is too evident to demand comment; but what of the apparent generosity of the millionaire who donates a fraction of his wealth to charitable purposes: is it given *solely for the good* it may do the beneficiaries, with no thought of

a reflected adulation? Never! Be assured that if that were the only result to be derived, and no public declamation of his unbounded generosity with its resultant laudation were forthcoming, no millionaire would display any strenuous effort to avoid the disgrace of dying rich. Were it not for the omnipresent and universal passion to be favorably in the public eye, the magnificent charities of our modern Croesuses would be *non-existent.*

What of that rare incident where one person apparently risks, or even sacrifices his life for another? It would seem that this were the acme of unselfishness. But who can analyze or know the true workings of that mind? There is some abnormal element in its activity, overpowering the true natural inclination to self-preservation inherent in every sane organism. This abnormality may be an exaggerated conception of duty, which, as previously intimated, is performed only to put a quietus upon what would otherwise create an uncomfortable mental state were the sense of duty not satisfied. Or it may be a historical factor, an unreasonable or uncontrollable desire to be seen and lauded by the public, which mental state is one of unstable equilibrium, normal rational judgment being obliterated by the hysterical egotism. Again there may be an absolutely insane disregard or indifference for the preservation of his life in the hero's mind: or, in other words (blasphemous heresy), it is an opportune occasion for a sensational and unrecognizable suicide.

Every one reveres and admires the beautiful self-sacrificing character of the missionary who gives up home and friends and the pleasures of civilization to spend his life among heathen or savages. What determines him to do this? Ostensibly and avowedly because he desires to "spread the gospel" and drive the heathen to his heaven over his favorite route, instead of allowing them to go to their heaven by their own crude right of way. Professing to care more for them than he does for himself he makes these apparent sacrifices. But what is the ulterior, basic motive? Charitably ignoring whatever there may be of mercenary or other "worldly" influence, we may assert that the missionary is a missionary becauses he chooses to be. He is not forced into, but that field of work, or "duty," if you will, gives him satisfaction. He would be unhappy in some other occupation, and so whatever alleged cause it may be that induces him to adopt this profession—whether duty or a "divine call" or "love of souls" or what not—the bed-rock ground reason is the gratification of his self-satisfying inclinations.

Why does the preacher preach? Simply because it is his business and he gets a salary for it that purchases physical comforts that he needs or desires for himself. Incidentally some of his hearers may obtain from his talk some ideas that may prove of benefit to them. Is there a more perfect picture of graft than that afforded by the renowned or notorious evangelists plying their vocation of exciting the emotions of the ignorant masses by

sensational methods of preaching and hypnotizing them into giving up a generous contribution of their hard-earned money? What a spectacle is that of an ignorant baseball player facing a big audience of supposedly intelligent people and, with coarse language and slang, bawling at them to do as he says in order to save their souls from eternal damnation. Is he doing this hypocritical "stunt" merely from devotion to the cause of humanity? Not for a minute. Take away his five or six hundred dollars a week graft (which, by the way, is a pretty good salary for any other vaudeville actor) and the souls of his beloved brethren could slide down the greased ways to hell without so much as a handful of sand on the rails from him to stay the progress. He is there for the coin that is coming to him, and why not? It is easier money than playing baseball on a hot day in summer. The sensational and widely advertised evangelist has at least the average quantity of selfishness in his motives of action. If you don't believe it just try to get one of them to go to a small town, where the prize money does not loom large, and see him get busy with previous revival engagements in a city where his manager finds the graft is better.

Why does the doctor endure the inquisitorial tortures incident to the practice of his profession? For the money there is in it, of course. Why do the dealers in the profession seek with such tenacity the positions—purely honorary (?)—in the local, State and national medical societies? Surely these office-seekers cannot have the egotism to consider that the society would absolutely deteriorate or suffer extinction should their incomparable services be dispensed with. Why do men strive so assiduously to attain a professorship in a medical college, which position is purely gratuitous; or for a service in free dispensaries? What reasonable excuse can there be for the flood of mediocre or absolutely inane "papers" that are poured out upon the members of these societies by would-be surgeons or internists, the majority of which papers consist of a recital of an ordinary everyday case, followed by a lot of text-book excerpts to the effect that calomel will move the bowels? The "great specialist" prepares a learned and wonderful paper upon a marvelous operation or extraordinary method of cure that is to revolutionize the treatment of some dire malady and presents the rare disquisition at a medical meeting, and early the next morning there appears the notable's address in the daily papers, with a mysteriously (?) acquired picture of the author; and the wonder is, how could the secular press all over the country have possibly got hold of the wonderful production so soon and outraged the ethics of the medical profession by its widespread publication. How, indeed? I will not insult your intelligence by suggesting the explanation. But was it all done with pure altruistic motive, and no personal self-seeking interest on the part of the author? It would be a mere platitude to say that all these positions before the public are striven for solely for the

purpose of advertising the aspirant to these places, with the hope of furthering his personal attainments.

Why does the lawyer expend his energy to save from punishment a criminal whom he knows is guilty? Is it because his delicate nature would be shocked to know that a man was about to be placed in the circuit of a 17,000 volt electric current, or is it because "he needs the money"?

But of what use to attempt the impossible task of going thru the whole series of individual existences and of apparent motives? A thoro analysis would precipitate out the one fundamental and vitally essential component of every human emotion, motive or action, and I defy anyone to gainsay this truth—that it would prove to be the effort to attain happiness for self, primarily, and, if it is not incompatible, then possibly a generous assent to the happiness of others. To revert to our original question—If the man could look thru the face of life and deep into its innermost soul and see the truth of its reason for being, what think you—would he or would he not become a Pessimist?

Egoism versus Altruism.

By R. G. ECCLES, M. D., Brooklyn, N. Y.

We have all, during some time in our lives, watched a whirling grindstone and seen it throw off great drops of water as soon as its speed reached a certain velocity. The tangential force of the water became too great for the cohesive force that caused it to cling to the stone. Something similar to this often happens in philosophic minds. Their thinking goes off at a tangent because it is being done at too great speed for the cohesive forces within their thoughts. Among different minds there are great differences in cohesiveness. Some can carefully weigh many facts without letting their bearings slip from them while others become erratic on very slight provocation.

My reading of radical literature has shown me that the writers are made of many kinds of thinkers and that among them are those who are in all degrees of cohesive progress as well as all degrees of slowness of thought. The slow thinkers are less likely to be erratic, but much more likely to cling to conventional ideas because their friends and neighbors believe that way. The quick thinkers let their brains whirl too fast and so their thoughts becoming incohesive lead them to jump at all sorts of loose conclusions. They need the staying hand of some conservative to keep them from becoming stark mad. As a rule the erratics are emotional as well as tangential in thought and when this combination is met with we have the advocate of lawlessness, promiscuousness, rabid irreligiousness, etc. In the absence of the emotional element we have the men of unusually good judgment but who need to be advised to go more slowly in their philosophising. Of this last class we have a good example in Dr. G. S. Browning.

I hope the doctor will not get offended at this but that on the contrary he will slow down long enough to see my exact meaning in what is here said regarding his strictures upon his "alleged optimist."

Dr. Browning's whirl of thought has reached the remarkable generalization that the whole world—himself included—is made up of confirmed egoists. Egoism, or selfishness of the fool's type, is that form of self-desire that seeks satisfaction regardless of the happiness or comfort of others. This the world has agreed to call SELFISHNESS. No true philosopher can deny the kinship of dirt with the kinship of purity in a universe where the law of continuity binds everything together as a unit. Valley and mountain blend. With Emerson we must agree that,

"Line in nature is not found,
Unit and universe are round."

This, however, is no reason why we should call black by the name of white, or sweet by the name of sour. Man has evolved from the brute. His hands are modified paws, his coccyx is a modified tail. Shall we, therefore, call hands, paws and coccyx, tail? In the development of our psychic natures there is no line of demarcation between man and brute that any psychologist has been able to discover. Dr. Browning, however, thinks he must call the brutal selfishness by the same name as the highly differentiated unselfishness because, forsooth, they possess the same psychic substratum. He claims to be unable to make any distinction between egoism and altruism. Because egoism causes him to be pessimistic be permits altruism to serve him the same way, because there happens to be self gratification and happiness mixed with it. In the name of common sense, what does he want? Would he have a world of absolute self-abnegation and a heaven of Gautamian annihilation?

The mother's love for her child does bring her gratification, but that by no means makes it selfish. An indifferent, non-gratifying love would be a monstrosity. It would not be love but mere mechanical indifference.

The beauty of love—of altruism—lies in the fact that it makes others happy and increases the sum total of human happiness. The hideousness of selfishness lies in the fact that it seeks no happiness for others, but only brutal gratification for the beastly nature that demands it. Egoism, i. e. self-ism, has no regard for others and deserves no mercy at the hands of others. It is the cause of every crime, the basis of every evil. To it we owe most human suffering. To altruism, i. e. other-people-ism, on the other hand, we owe all that is really worth having in society. The love of the mother for her child is the first fruit of altruism that the world developed. To charge such love to the credit of egotism, is another of Dr. Browning's perversions and can only be due to his thoughts flying off at a tangent instead of being properly self-centered and cohesive. The mother who acts

with love has no thought for returns, but nature gives them to her with interest. The child reciprocates her love, not her gifts, as the doctor seems to think. The same child could get the same gifts of food and shelter from a non-loving stranger and it would take them as a matter-of-course and return no love. Even as a child it can make the distinction that Dr. Browning claims that he does not see, and cannot make.

Love begets love. Affection is reciprocal. Down deep in nature lies the explanation of this. Pure love is the appreciation of that which is lovable. The love of husband for wife that is only based on sexual gratification is a beastly love. The true husband loves his wife and the true wife loves her husband, because each has qualities that make for the greatest happiness and good of all mankind. They love to see in each other truth, honor, justice, mercy, intelligence, virtue, self-abnegation, self-control, honesty, cleanliness, etc. The more of these each has in adaptation with each other's ideals, the stronger is their love. In early life the beauty which everyone loves is a strong factor. She loves a manly man and he loves a womanly woman, but in all this love lies the element of altruistic sentiment. The more advanced we are the more our love for husband or wife is love of characters that make for an increase of human happiness and not for characters that are merely those of self-gratification or of conceit.

We all still hold on to a little of the beast. We are a mixture of egoism and altruism, but none of us is quite as bad as the doctor seems to take us to be. As we look deeper into nature, we actually do discover the very condition of things that he set out to deny. Our development toward altruism is very great in comparison with that of the beast and it holds up to our hearts a hope of greater and of better things in the time to come. There is certainly no room for pessimism if we view nature with the eyes of evolutionists.

Dr. Browning seems to look upon both duty and reverence as manifestations of selfishness. That they have evolved from a common stem is no doubt true and that they have in common with selfishness the element of self-gratification is equally true, but this does not mean that they are identical. The blossom is inseparable from the trunk and root, but no one ever confuses the blossom with trunk or root. We may for lack of any other comprehensive term call the entire plant a "flower" but we do not thereby mean that the roots or stems have colored petals, anthers or filaments, stigmas or styles. If the doctor means to use the word selfishness in the same sense as we sometimes use the word flower he ought to so explain himself, and then he would discover that his pessimistic conclusion would fade like mist before the rising sun.

Self-enjoyment may or may not be selfish. Self-enjoyment that comes from duty well done is quite a different thing from

self-enjoyment that comes from doing things that bring suffering upon others. The enjoyment of a thief when spending upon his own pleasure the money which he stole is not the same as the enjoyment of a dutiful son when spending his hard earned wages in making his frail old mother happy in her declining years. The former is selfishness while the latter is altruistic duty. Gratification comes with both, but the one is a commendable form of gratification while the other is not. The world is suffering now because there is not enough of the gratification that comes from love of duty and love of other qualities that make for greater human happiness.

The curse of short-sighted selfishness is now gnawing at the vitals of civilization like a contagious disease. Such confused thinking as that of Dr. Browning is one of the causes. The brutally selfish can snugly assert, on the strength of the doctor's philosophy, that they are doing only what others do, viz., gratifying their desires. Such a levelling of distinctiveness blots out virtue and puts it on a common footing with vice. It is such philosophy as this that leads working men to look upon their work as the enriching of the boss. The shoemaker, in order to get even with the low wages that he is paid, does imperfect work. The tailor, inspired by the same sophistry, neglects his stitches and patches his work together in the easiest manner possible. The clerk neglects his duty in a thousand directions on the plea that he is giving all the labor that he gets paid for. The doctor lessens his vigilance when his pay becomes uncertain or when it is cut by competition.

In every business and in every profession the weakening of the idea of *duty* results from a false philosophy. When workmen of every kind come to see that their work should be done with an eye to the increase of human happiness and not with an eye to the dollars that they get as pay, wages will be higher, comforts greater, happiness exalted and joy abound. The tailor who makes a false stitch in a garment or who puts in a stitch too little does not rob his employer, as a rule, but he robs some poor fellow workman who wears that coat. In this way the tailor is robbing the shoemaker and the shoemaker is robbing the tailor. He who does his duty imperfectly robs some innocent third party and not his employer. Worse still, he robs himself. He obliterates from his nature the manliness and altruistic conduct and brutalises his soul. He makes of himself a thing to be despised. His employer finds him out first and despises him. He has lessened his worth to that employer and lessened his worth to the whole world. He ceases to love his work and ceases to be of value to mankind. Duty is the measure of a man's wrath. In exact proportion to his adherence to duty is his worth in this world. Every increase in his determination to do his duty at all hazards is an increase in his money and happiness value to his fellow men. This is altruism. This brings heaven to earth.

There are mercenary doctors, mercenary preachers, mercenary druggists, mercenary men of every calling. These are the egoists that natural selection is slowly, but surely, bringing down to death. Other things being equal the egoist is the first to suffer in every crisis. He is the one that few care to help. The egoists among the working people are the first to lose their jobs in a crisis and the last to be hired in good times. They are the men who bewail their fate and clamor for a levelling down of property rights. They imagine themselves as among the most abused of creatures. It never occurs to them that their egoism is making them the accursed of mankind. The egoism of the rich is equally pernicious and equally damaging to human interests and human progress. They think they hold their riches as of divine right and not as the stewards of the people. There would be no rich, but for the egoism of the poor. Nature finds it more economical to put wealth into the hands of a few rich rather than in the hands of many poor, because however wasteful the few may be they can never be wasteful as would the egoistic many. Natural selection has thus given us a balance against the vicious multitude of the poor in the vicious minority of the rich. When the poor cease to be wasteful, thru their selfishness, they will save for themselves the earnings that they now keep pouring into the laps of the rich.

We can never have social equality until human nature is ready for it. Human nature will not be ready for such equality, until there are more altruists among both the rich and the poor. Natural selection is working toward this equality by favoring the unselfishly provident and crushing, with its nether millstones, the selfishly improvident. Egoism, in the struggle for existence, is a worse handicap than the loss of a leg or of an arm. Let us not, therefore, encourage it by confusing it with altruism. They are as unlike as night to day.

The Prescribing of Proprietaries, Especially Proprietary Mixtures.

By SOLOMON SOLIS COHEN, M. D., Philadelphia.

The manufacturers of medicinal preparations that ought not to be used are adepts in the twisting of language. When the fight against the use of nostrums was renewed some fifteen or twenty years ago, they tried to confuse "nostrums," i. e., secret remedies, with "proprietaries," i. e., preparations legally or by custom private property; and even the trustees of the American Medical Association were, for a time, thus deceived. Just as this confusion is being cleared up, it does not seem wise for those physicians and pharmacists who desire to bring about the scientific use of medicines, to introduce it again by denunciations launched indiscriminately against two or three different classes of preparations.

Hence, at a recent meeting at which this subject was discussed, I emphasized again the distinction for which I have been fighting, lo, these twenty years. I protested against the unfairness of describing as "nostrum-users" physicians who prescribed proprietary medicines of known composition. This, however, does not warrant the misapplication of my remarks and their perversion into apparent approval of what I have always condemned —namely, the routine use of ready-made mixtures, whether proprietary or not.

The chief objection to these, as I have repeatedly pointed out, does not consist in the fact that they are proprietary, but in the fact that they are ready-made. As I have said before, and frequently, "one mixture can no more fit the pathologic conditions in every patient, than one coat can fit the curves of every back." Even when the same ingredients are associated, which is not always wise, the proportions are usually to be varied to suit the different indications—not only of different cases, but of the same case at different times. In other words, a ready-made mixture is usually, as regards the individual patient, a misfit. Either it contains unnecessary ingredients, or it omits a necessary ingredient, or the doses of the respective ingredients are unbalanced; there is too much of one, too little of another, and proper increase or decrease of dose with the progress of the case is impracticable.

These considerations apply as forcibly to a Pharmacopeial or National Formulary mixture as to any other.

Nevertheless the U. S. Pharmacopeial and N. F. formulas for mixtures are capable of considerable scientific usefulness. They are lessons in therapeutic and pharmaceutic association. They teach by example how incompatibilities may be avoided or overcome, and how medicines may be suitably flavored and colored—a matter of some practical importance, for a palatable and sightly potion will be swallowed when a nauseous and nasty looking dose will be rejected.

For this reason the National Formulary should give original formulas and not imitate proprietary preparations, many of which are highly unscientific. The "elixir digestivum comp." is a case in point. There is no advantage in mere substitution of one unscientific preparation for another, even if the N. F. mixture be equally silly and objectionable with its exemplar.

Basham's mixture (Liquor ferri et ammonii acetatis) and Dover's powder (Pulvis ipecacuanhæ et opii) are classics. Yet it is probable that the proportions in even these could be varied in individual cases with benefit to patients.

If, however, the U. S. P. and the N. F. would publish *skeleton formulas,* giving a range of quantities in which certain medicinal ingredients can eligibly be associated—thus indicating the necessary pharmaceutic expedients, but leaving the exact dosage to be ordered by the prescriber for the needs of the individual

patient at the particular time—we should have the advantages, without the disadvantages, of such standard mixtures.

Three things would be necessary.

1. A standard (i. e., average) formula, to be dispensed on name without specification of quantities.

2. The indication of an optional range of variations possible, without destroying the pharmaceutic value of the formula.

3. A brief statement of the pharmaceutic necessities of the particular mixture, as a guide to the proportioning of doses.

For example, let me take the formula of a preparation not in the Pharmacopeia or N. F., which I have employed very much in rheumatic cases during many years, and have repeatedly published. It is known in the house pharmacopeias of the Jefferson Medical College Hospital, the Philadelphia Polyclinic Hospital and the Philadelphia General Hospital as Mistura ferri salicylata (Salicylated iron mixture). A standard mixture is dispensed under this title which contains 0.5 gm. of natural sodium salicylate and 0.5 c.c of tincture of ferric chlorid to the teaspoonful, estimated at 4 c.c. Sometimes in prescribing it one wishes to increase or diminish the iron relatively to the sodium salicylate, or vice versa. We know that this can easily be done within a range of 30 per cent. In order to prevent the precipitation of iron salicylate, two pharmaceutic expedients are necessary—the use of a slightly acid ammonium citrate solution in the vehicle (approximately half, i. e., 2 c.c in the 4 c.c dose), and the addition of the iron last, drop by drop, with continuous stirring, up to the required quantity. To permit any considerable increase in the iron there must be proportional increase in the citric acid content. It is also better made when a few drops of glycerin are used in each dose, and it can be flavored appropriately with a natural methyl salicylate. The standard formula is the result of experiment as to the best pharmaceutic proportions, and in this the active ingredients are as stated, with suitable quantities of glycerin, solution of ammonium citrate and oil of birch or oil of wintergreen. When no other direction is given this is dispensed.

It can be vared in two ways.

1. The best way is to write the quantities of active ingredients in full, and of the vehicles, flavor, etc., in blank, or with a q. s. Thus:

℞	gm. or c.c		
Sodium salicylate (true).....	2		gr. xxx
Tincture of ferric chlorid.....	2	20	m. xxxvi
Oil of wintergreen (q. s.)			
Glycerin. .....(q. s).		or	
Citric acid. .....(q. s.)			
Solution of ammonium citrate (B. P.)			
.....q. s. ad	32		fl℥i

2. The easiest way is to write:

℞. Salicylated iron mixture with 10 per cent. increase of iron, 32 c.c.

Similarly, if the U. S. Pharmacopeia should state regarding Basham's mixture the range within which the proportions of tincture of chlorid of iron and solution of ammonium acetate could be varied, the prescriber could so order, leaving the pharmacist to adjust the acetic acid to the requirements of the prescription.

So, too, the National Formulary could provide that, for example, its elixir of iron, quinin and strychnin phosphate should contain the present standard quantities of these three ingredients when the physician makes no specifications of quantities; and, when specified, the exact quantity of any one or all of them that the prescriber writes for. Thus a modified prescription might read:

℞. Elix. ferri (gr. i), quin. (gr. ss) et strych, phos. (gr. 1/120).
[These quantities to dose.] ℥iv.
Sig.: One teaspoonful in water, t. d. p. c.

Or any other variation desired could be indicated similarly.

This would be more work for the prescriber, but it would check the tendency to routine, and thus the resort to proprietaries; for thereby we get away from the ready-made formula which is the real ethical objection to proprietary mixtures, otherwise unobjectionable; and which affects N. F. preparations equally. If, however, N. F. preparations become adjustable, while proprietaries remain rigid, the superiority of the former is at once evident.

There are many other objections to the use of proprietary mixtures, the principal three of which may be summarized as follow:

1. They are not subject to standard regulation and may arbitrarily be varied.

This is less pertinent now that the pure food and drug act requires a guarantee from the manufacturer, but is still valid to a degree.

2. They profess to some degree of secret excellence, some mysterious method of collocation, or perhaps of flavoring. Such pretences are usually false, and not to be encouraged when true.

3. Perhaps the most serious objection—and from the viewpoint of pure science it oversteps all others—is that proprietorship makes unbiased discussion and honest reports difficult. This applies not only to mixtures but to "controlled" drugs in general. Paid communications are so notorious and every manufacturer or vendor of a controlled medicine does so much to put forward the good side of the remedy and to keep in the background all facts against it, that even sincere and scientific reports are often regarded with undeserved suspicion and many clinicians are absolutely deterred from praising or even mentioning useful articles, because of such control. Abolition of proprietorship would advance science, and while it would drive out many useless preparations *now much*-vaunted, it would increase the use made of

worthy ones and make it feasible to discuss them as impartially as we do quinin or mercury.

In addition, it is possible that controlled medicines may not conform to publish descriptions or formulas. This, however, takes them into the category of criminal frauds, and has no connection with the proprietorship or any other question we are here discussing. The dispensing of chalk for quinin by a thievish manufacturer or retailer does not affect the legitimacy of the prescription of quinin; and the similar predatory sale or dispensing of thyroid extract or brickdust for kidney substance does not affect the legitimacy of the use of kidney substance.

There is another kind of proprietorship, however, that I accept. It is a worthy one, and the only worthy one. When it is known that a certain official or unofficial drug varies much in quality as found in the market, and that certain manufacturers or dispensers put forth a trustworthy product, then I do not hesitate to specify the personal or firm name of such a manufacturer or dispenser. I know, for example, that A. and B. and C. are careful to get the best digitalis, or ergot, or belladonna and to prepare it properly. I know that X. and Y. and Z. get the cheapest stuff they can; or sail as close as possible in every way to the limits of the law; or are generally undependable: I do not hesitate to specify A's or B's or C's digitalis or ergot or belladonna, in order to avoid getting X's or Y's or Z's.

This is not a mere possibility or fancy picture; it is a sad reality. Many patients have been suffered to die thru the administration of X's or Y's or Z's inferior digitalis; while ergot and cactus are notoriously variable, and some physicians even discard cactus altogether because of the great difficulty of getting a preparation that can be depended on. These same remarks apply to dispensing pharmacists. I know that E and F and G. are careful alike in purchasing and in compounding, to get the best and do the best. I know that P. and D. and Q. are careful to get the cheapest drugs, or are slovenly in putting up prescriptions. I tell patients to go to E. or F. or G. and to keep away from P. and D. and Q. This, and this only, is the proprietorship —proprietorship in individual good name of person, firm or corporation, that I defend and specify; and any application of any alleged remarks of mine in any other sense, is false and misleading.

There is another form of proprietorship in which I am forced unwillingly to acquiesce, altho I do not like it. It is the monopoly of certain non-secret products given by patent and trademark. This is wrong; but as long as the United States laws remain as they are, the wrong cannot be remedied.

If we who are striving for the correction of old errors, are not careful to keep the question clear, we cannot expect that those whose interest it is to confuse matters will refrain from doing all they can to "darken counsel by words void of meaning."

Let me, therefore, summarize:

1. Ready-made mixtures of rigid formula, secret or known, proprietary or public, are objectionable.

2. The National Formulary and the U. S. Pharmacopeia should make all formulas of mixtures optionally elastic.

3. Such proprietorship as is expressed in the name of an individual pharmacist or dispensing or manufacturing firm or corporation known to be generally careful and trustworthy, or to have devoted special attention to certain official or unofficial preparations of fully known character, is legitimate; and the names of such persons, firms or corporations may, with the highest ethical propriety, be specified in prescriptions.

4. Preparations tainted with *secrecy of any kind* should be avoided absolutely.

5. Known preparations that can be obtained of one manufacturer only and which are physically and chemically what they purport to be may be prescribed without impropriety, however much we may and do deprecate that fault in our laws which permits such monopoly in medicinal agents. *The law should be so altered as to abolish this form of proprietorship in medicines.*

In the foregoing discussion and summary, I have simply repeated, in somewhat different form, propositions that I have long maintained and the theoretic grounds of which were set forth in a previous paper, read at the Boston session of the American Medical Association. I have been moved to repeat myself by the importance of the subject; by the unfortunate tendency of some new converts to go to extremes that tend to bring back all the old confusion; and by the misleading use to which a garbled extract from my own plea for conservatism has been put.

The forces of right and of science must not suffer themselves to be divided. The American Medical Association thru *The Journal* and thru the Council on Pharmacy and Chemistry, has well nigh accomplished what seemed at one time to be a hopeless task. No one will claim that the Council is infallible; all must admit its ability, its sincerity, its integrity, and its desire to be just. It is pursuing the right course and we can afford to await developments. Above all we must hold up its hands. We must likewise avoid disarranging its plan of campaign by ill-advised sorties at the wrong time and place and against the wrong persons.—*J. A. M. A.*, Sept. 19, 1908.

Patenting of Medicinal Products.

COMMENTS ON DR. COHEN'S PAPER BY THE EDITOR.

We agree with practically every statement in Dr. Cohen's paper. With Dr. Cohen, the CRITIC & GUIDE believes that the greatest evil in the present campaign, the one thing that leads to more discord and mutual denunciation than any other, is the con*fusion between a nostrum* and a perfectly legitimate proprietary.

This confusion is in some cases due to ignorance, but in other cases it is sown deliberately with malice aforethought. Those jesuitical bigots, of whom Mr. Hallberg and Dr. Jones are typical specimens, who believe that the means justifies the end and who do everything in their power to befog the issues, will have much to answer for, for it is they who are responsible for the present discord and acrimony in the medical profession, and it is they who prevent a more cordial understanding between the professions of medicine and pharmacy.

There is one point, however, in which we decidedly disagree with our friend Dr. Cohen. He says: "There is another form of proprietorship in which I am forced unwillingly to acquiesce, altho I do not like it. It is the monopoly of certain non-secret products given by patent and trade-mark. This is wrong; but so long as our United States laws remain as they are, the wrong cannot be remedied." Dr. Cohen says "this is wrong," but does not say why. And with the best endeavor, we fail to perceive, why. With regard to surgical instruments, it has been found best for all concerned to patent them; we, physicians, copyright our books; so why should not chemical manufacturers be entitled to some compensation for their labor and investment and as an inducement to further effort in research? We believe our moral sense is as keep as that of the best of our *confrères* and still, try as we may, we fail to perceive anything ethically wrong in a lay manufacturer patenting or trademarking his invention or product. If comparisons are to be made, it is in our opinion more immoral to patent a plow or a bread-baking machine, than a medicinal preparation; the first affects all mankind, and every day. A medicinal preparation is used only occasionally by a small proportion of mankind. And besides, as we have shown more than once, the patient always pays practically the same whether a preparation costs fifty cents or a dollar per ounce. (And if the cost of a medicine discourages its indiscriminate and too liberal use, so much the better.) So we fail to see why a patent or trademark on a *non-secret* medicinal product is wrong from *any point of view*. Will anybody make us see right? We are always open to arguments that convince.

Dr. Cohen says further: "The law should be so altered as to abolish this form of proprietorship in medicine." On the contrary. We firmly believe that the abolition of patent and trademark rights in medicinal products would prove a great calamity, for it would abolish all incentive to medico-chemical research in the large laboratories. No manufacturer is going to spend years of labor and thousands of dollars in the search for a product which if discovered may at once be duplicated by other manufacturers. And of course the imitator could at once undersell the original discoverer.

Let us be fair and square to everybody in all things.

Conducted by I. Balch Louis, LL. B., of the New York Bar.

Coffee is Coffee.

In the May issue of this journal we directed attention to an opinion of the United States Attorney General relative to "guaranties" under the National Pure Food and Drugs Act. The reasoning of the Attorney General in that matter was and is wholly in accord with our views, and therefore comment thereon was deemed to be unnecessary.

The Department of Agriculture has, however, expressed itself upon another proposition of the Pure Food Act and with its opinion thereon we heartily disagree and feel that comment is appropriate.

A manufacturer requested the opinion of the Department "as regards the hyphenated word 'Cereal-Coffee 'and whether or not we are entitled to its use for a cereal substitute for coffee."

The Department holds that "since the product mentioned is not coffee it can not properly be called by the term mentioned," and that the use of the name "might be taken to indicate that the product is coffee or has the properties of coffee, and hence the use of this term does not comply with the definition of distinctive name." The Department suggested that products of this nature be designated as "imitation coffee" as provided in Regulation 21 (f).

The line of reasoning upon which the conclusion of the Department is based bears a very close resemblance to that adopted by the express agent in Ellis Parker Butler's "Pigs is Pigs."

Under the Rules and Regulations adopted to aid in the enforcement of the Pure Food Law, a "distinctive name is a trade, arbitrary or fancy name which clearly distinguishes a food product, mixture or compound from any other food product, mixture or compound."

It is a rule generally followed in construing revenue laws that the terms used shall be given the meaning which they have in trade; and this rule we believe is applicable to the law under discussion. "In statutory exposition, the reason, the spirit of the law, is above the mere cavil about words" (*Spencer vs. State,* 5 Ind. 41). "It is unquestionably a well settled rule of construction..*..*..*..that when the words are not precise and clear, such construction will be adopted as shall appear most reasonable and best suited to accomplish the objects of the statute" (*Com.* vs. *Kimball,* 24 Pick [Mass.] 370).

We cannot believe that the term "Cereal-Coffee" can reasonably be said to indicate that the product is coffee or has any of the properties of coffee. Whether or not the branding of drugs and foods deceives the public as to their nature and composition is the test to be applied; and it is quite apparent that one purchasing "Cereal-Coffee" is not misled into believing it to be coffee or having any of the properties thereof. In these days of "breakfast-foods" and in deference to the average high order of intelligence in this twentieth century community, we submit that the Department of Agriculture should avoid subtle and forced construction of a more or less penal statute.

Nor can we agree that branding the product "Imitation Coffee" would be proper or truthful. The term "imitation" is applied "to any mixture or compound which is a *counterfeit* or *fraudulent* simulation of any article of food or drug."

There being no suggestion that "Cereal-Coffee" is a *counterfeit* or *fraudulent* simulation of any article of food, it follows that it is not an "imitation"; hence to brand it such imputes a fraudulent purpose; hence it is improper to so brand it.

Liability for Injuries Caused by Improper Food.

Regardless of the many statutes to protect the public against injuries caused by deleterious foods, it has been held by the highest Court in the State of New Jersey, that a person engaged in the business of putting up in tin cans and selling meats for food and domestic use, who had put up a certain can of ham for food and domestic use which was sold by him to a retail dealer is liable for injuries sustained by a person who purchased said can of ham from the retailer for food, where it appeared that the defendant negligently put up in said can of ham diseased, unfit and unwholesome meat which was deleterious and poisonous to the human body and health; and that the plaintiff by reason thereof became poisoned and sick. The Court held that a manufacturer of canned goods is under a duty to him, who, in the course of trade, becomes the ultimate consumer, to exercise care that the goods which he puts into cans and sells to retail dealers to the end that such dealers may sell the same to customers as food, are wholesome and fit for food and not tainted with poison.

The decision of the New Jersey Court is in accord with the now famous New York case of *Thomas vs. Winchester* of which mention was made in the February number of this journal.

The Conviction of the Woodbury Institute.

In the February issue we reported the conviction of the Woodbury Institute for advertising to practice medicine without a license and we expressed our unqualified concurrence in the soundness of the decision from a legal standpoint. It is, there-

fore, with great satisfaction that we report the affirmance of the conviction by the New York Court of Appeals.

Since the decision was reported, however, questions have been asked as to the effect of the decision upon hospitals, it being claimed that if the Woodbury Corporation is not permitted to practice medicine, hospitals fall within the same prohibition.

A similar contention was raised on behalf of the Woodbury Institute and the answer thereto by the Court of Appeals is based upon sound reasoning and is conclusive. Hospitals are permitted to exist by virtue of the Membership Corporation Law which expressly authorizes five or more persons to become a corporation for the purpose of erecting, establishing or maintaining "a Hospital, infirmary, dispensary or home for invalids, aged or indigent persons" by conforming to certain prescribed regulations, among others being the written approval of the State Board of Charities and a Justice of the Supreme Court. The Woodbury Institute, however, was incorporated under the Act of February 17th, 1848, authorizing the formation of corporations for manufacturing, mining, mechanical or chemical purposes, and the objects for which it was formed were stated in the certificate of incorporation as follows:

"The carrying on the business of manufacturing chemical preparations and printing, publishing and selling books and pamphlets relating to the same and advertising same." From these premises the Court concluded that the General Medical Law for a violation of which the defendant was convicted, was not intended to apply to the case of corporations organized under the Membership Corporation Law for the purpose of establishing or maintaining Hospitals.

We take occasion to quote and reaffirm our opinion expressed in the February number, viz.:

"The salutary effect of this decision upon the public is too plain to call for comment; and viewed entirely from a legal standpoint we unqualifiedly concur in its soundness."

Physician's Privilege in Malpractice Case.

In an action brought by a patient against a physician for malpractice, if the patient either by his own testimony or that of others given with his knowledge and consent, discloses his physical condition and the details of the operation complained of, he is no longer in a position to object to evidence on that subject by the defendant, but has waived the privilege afforded by the statute. The Court said that to hold that the plaintiff may waive the privilege as to himself and his own physicians and then invoke it as to the defendant and his physicians would have the effect of converting the statute into both a sword and a shield. It would permit him to prosecute with the sword and then shield himself *from the* defense by the exclusion of the defendant's testimony.

A Voice from Australia.

WEYANOKE, KERANG, VIC. AUSTRALIA.

DEAR DOCTOR ROBINSON:—Enclosed you will find money order for subscription. I would not miss the CRITIC & GUIDE for twice the amount. It is so refreshingly candid, after the conventional medical journals of our civilization. These latter seem to be as a rule either records of society and other meetings or dissertations on rare or obscure cases of no practical value to the practising physician.

In this district, almost at the back of the Never-Never, man's struggle is not against uncivilized man, but against Nature. Pets become Pests. A few starlings were introduced from England about ten years ago. I saw the sky darkened with them only the other day. Similarly an English crank brought in some rabbits. Now I can drive down a road, and if poisoning has been neglected, separate the rabbits with my buggy on each side. Foxes, the same. We now give half a crown for every fox skin. From childhood upwards we are always killing something, snakes, rabbits, foxes, minahs, starlings, thousands of lambs, in the dry season, mice plagues, birds of all descriptions. The people are stoical in their avocations, socially are amiable and kindly, subject to intense political and public enthusiasms, strong, healthy, adventurous, and for a White Australia every time. As for their faults, we leave our visitors to tell them.

Again with best wishes for your long continued success, I am, Yours faithfully, JAS. F. MERRILLES, M. B., B. S., F. R. C. S.

A Criticism.

A few days ago I asked a certain physician of high standing what was the cause of death in an infant that this doctor had lost. The reply was syphilis, coming from the father's side, and that the wife (second one) had it also and had just had a miscarriage. Now the doctor could have said that it was none of my business (and it was not), but still better, should have said it died of heart failure. The doctor knew very well that I would not repeat it, but did he have a right to tell what he had found out professionally? I say No. What I find out in my capacity of physician in a family I have no right to tell to my best friend (my wife), nor have I a right to tell another physician (unless he be a consultant in the case). Doctors cannot be too

careful, and there is nothing makes me dislike my professional brothers more than to hear them talking of this case and of that one. If you wish to mention or refer to a case, let them use fictitious initials. I once heard a very prominent man tell (after a confinement) what beautiful legs a certain lady had. I never liked that man since.

I would like to hear what the Editor has to say on this subject.

B. M. SMITH, M. D.

All we have to say is that we agree with Dr. Smith.

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THE MEDICO-PHARMACEUTICAL

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It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes.

One of Life's Little Dramas.

The facts can be stated briefly. She married at twenty. She was very happy. He was supremely happy. At twenty-one she had a boy, a big bouncing boy. Labor was tedious, extremely difficult, but all ended well. Their life acquired a new interest and they felt happier still.

A year later, almost to a day, she had another boy. Two years later another child came—this time a girl. They were very glad: they wanted a girl. She didn't get over this confinement as well as the first two. She was not exactly sick, but she lost some of her spirit and buoyancy. Attending to three children was not quite so easy as to attend to one. And then the cost of living had increased considerably during the four years of their married life, while the husband's salary had not.

They thought that three children would be enough for several years to come. She went to her family physician, who had attended her in her three confinements and asked him if he could not give her something she should not get in the "family way" so soon. No, he could not give her anything. He did not believe in going against nature, etc., etc. The truth of the matter is, the good doctor was ignorant, and could not have given the poor woman anything if he wanted to.

And so in about eighteen months another child came. It must be sadly recorded that there was no joy in either the maternal or the paternal breast, when the new arrival made its appearance. Rather there was sorrow and grief for a month or two. But finally they became reconciled to the situation. "We don't want them to come, but when they are here, we must do for them the best we can, and we wouldn't want to lose them for the world."

They now begin to use preventive measures, a knowledge of which the wife acquired from an obliging friend. The measures were neither quite effective nor quite harmless; they affected the health of both husband and wife, and finally she was "caught" again. In less than three years after the fourth child, the fifth one came upon the scene. It was a weak, puny child, probably because the mother felt weak and exhausted during almost the entire pregnancy, while her mind was restless and her spirit rebellious. Also for the first time she had a severe post partum hemorrhage. It was, however, controlled after packing the uterus with iodoform gauze.

After a rather prolonged convalescence Mrs. B. got up and this is what she told her husband: "John, if I have another child before the end of ten years, I will kill myself." And she said it as if she meant it. And John thought that she had good reasons not to want any more children for some time to come. Only twenty-eight years old and five children—that is enough. So thought John and he determined to keep himself well in hand. Their preventive measures had proven ineffective, and so the only positive remedy was—to abstain. And he did. And before a year passed, John's dearly beloved wife was once more pregnant. It was outrageous that it should have happened—but it happened It always happens. The mischief was done.

She went to her doctor—the same old family physician who had brought all her children and herself into the world. As she was only a couple of weeks over, she thought he could do something for her, give her a little medicine or do something else. He told her to try a hot mustard foot bath and with this cold piece of comfort he dismissed her. She left, sick at heart, but determined.

And now every fake and fraud advertised in the newspapers, every female regulator, every kind of pennyroyal pills, found its way into the home of Mrs. B. The only result for Mrs. B. was an irritated and inflamed stomach, so that she could hardly retain any food at all, and she lost about twenty pounds in weight. John looked on with deep grief; he tried to protest mildly against her using all the poisonous stuff, but his remonstrances only irritated her. As John told me, she did not seem to love him any more; in fact, his presence seemed to annoy her. Those who know something about sexual psychology will have no difficulty in understanding Mrs. B's feelings. It often happens in such cases that the deepest love is turned into the deepest aversion. It is as a rule only temporary, but it is real while it lasts. And the swallowing of pills, capsules, oils and tinctures went on. One day she asked John for fifty dollars and left the house. She came back towards evening. She said nothing. She suffered badly that night. Next day she began to bleed, and it kept up for two, three days. Then it stopped. Then she got feverish, developed pain in the abdomen, which became progressively worse. A physician was called in, and the poor woman was found to suffer from septic peritonitis,

The uterus was emptied, a slight improvement set in, but she began to lose ground rapidly, and in ten days . . . . she was buried. Who the man or the woman was who performed or rathered attempted to perform the abortion will never be known, for Mrs. B., when asked by the attending physician to give the name of the guilty bungler, gave him such a look of scorn and contempt, that he did not attempt to question her any further.

And so the five children were made motherless, to grow up without a mother's love, without a mother's care. And a man is walking about ashy-colored, sunken-eyed, distraught, half-dead. Does he consider himself partly or wholly responsible for his beloved wife's death? Who knows? But a happy home has been forever destroyed. Destroyed by the ignorance of the family physician, who did not know how or did not care to help her, destroyed by the ignorance, which makes it a crime to sell or to give away any conception preventives, destroyed by the ignorance and prudery which make the discussion of the regulation of reproduction problem a shocking subject even in medical journals.

And when you think that this little drama, this heartrending tragedy has its counterpart in every city in the United States, when you think that almost daily, yes, daily, young mothers are carried to untimely graves—the death certificate does not always state the true cause of death—and children are orphaned and husbands are widowed, and misery is spread broadcast, and all thru ignorance, dark, cruel ignorance, you cannot help feeling impatient and rebellious, and you cannot help like feeling that this world was all bungled in the making, and that you could have made a better world, if you had been the author of the job.

Ignorance is the root of all evil. Broadly speaking, all human misery, all human suffering is due to ignorance. And nobody in particular is to blame. The ignorant ones are not to blame—we can only pity them—for they either can't help or don't know how to help their ignorance. Often they do not even know that they are ignorant. And even those who make it a point deliberately to keep the people in ignorance, who make it a crime to acquire knowledge on a certain subject, are not always to blame, for very often they are convinced that what they are doing is for the benefit of the people, that the knowledge they forbid would only prove injurious to them. And can you blame people who are sincerely convinced that their work—no matter how pernicious from our standpoint—is for the benefit of the people? No. We can only educate them.

Education is our only weapon. And it is no use getting impatient. Each one has to do his duty according to his light and things will work out all right in the end. I know that the end sometimes seems far—far away in infinity—but if you know of any better and quicker way, than educational propaganda, to reach the desired end, I wish you would impart me your knowledge.

I should be truly grateful.

Druggists and Venereal Disease.

We are glad to see that many druggists are waking up to the fact that for them to treat venereal diseases is nothing short of criminal, not only legally criminal, but morally criminal, which is much more important. We are glad to see that pharmaceutical publications are not backward in condemning the practice in most unequivocal language. The *N. A. R. D. Notes*, for instance, has the following to say in its issue of Oct. 29 (p. 16):

We would once more emphasize the phrase, "Mind your own business," to caution druggists to refrain absolutely from counter-prescribing in gonorrheal and syphilitic diseases, diseases of which a druggist knows absolutely nothing, and every druggist ought to know that he knows nothing of their scientific treatment.

Many and many, yes thousands of victims of these diseases, have been driven to the opium and cocaine habits, to insane asylums, and to untimely graves, by being deprived of a physician's aid in time to effect a prompt and permanent cure—and you are the guilty one who has deprived them of this aid, because you, for a few paltry dollars, have offered to cure them.

No, you have not, effected cures.

You don't believe this, you think you have cured them, you cite cases, but because you don't know the nature of these diseases, you have made these cases worse than they were originally, all your arguments to the contrary notwithstanding.

These diseases, or more properly speaking, the symptoms of these diseases, are checked by your treatment, but the terrible disease itself, the action of the toxin, is going on and growing with terrible accuracy, and is sapping the life of the patient, as sure as if he had consumption; in fact thousands of these cases soon turn into consumption.

And for what? Just because you are not man enough to mind your own business; just because a customer, ashamed of what he has done, successfully cajoles you into prescribing; just because of your unmanly thought that if you don't do it, some other druggist will.

RESPONSIBLE FOR DEATHS.—Unfair as it may seem to you, you realize that when one of these patients of yours dies from the consequences of your act, tho it may happen five or seven years later, you are actually responsible for his death.

Nobody is so qualified to testify to the terrible damage done venereal patients by druggists, barbers, quacks and patent medicines, as is the specialist in venereal diseases. Cases which if properly treated from the start would be a matter of a few weeks, become so aggravated, so chronic, that it takes months and even years of the most skillful treatment to eradicate the disease. It *is* terrible. And all the fault of our social system.

Tuberculosis and Economic Conditions.

The Sixth International Congress on Tuberculosis has occupied the columns of the newspapers for weeks and will continue to occupy the columns of the medical journals for months to come. Nobody will deny the great educational value of such congresses, but *radically* they can accomplish but very little, until a radical change has taken place in our economic conditions. Forbid indiscriminate spitting, teach disinfection, spread hygienic and dietetic knowledge, advocate fresh air, build sanatoria, invent new creosote derivatives, perfect the tuberculins—all these things are useful in their way. But the results of all our work will remain comparatively insignificant, as long as our economic system remains unchanged, as long as there is overwork and underfeeding, as long as there are gloomy sweatshops and dark tenement hells, as long as the saloon remains the poor man's only social club.

Yes, as long as there is under consumption of food, there will be over consumption of the body; as long as there are sweatshops, there will be night-sweats, too.

The Difference Between Scientific Physicians and Quacks.

Regulated diet, graduated exercise, water internally, and externally in the numerous hydrotherapeutic applications, mineral waters, baths, direct sunlight, fresh air, heat in its multitudinous forms, massage, drugs of mineral, vegetable, animal and synthetic origin, surgical operations, electricity, Roentgenotherapy, Finsen light, radium, antitoxic sera, bacterins, or vaccines, suggestion (psychotherapy), hypnotism—all of these agencies we, regular scientific physicians, make use of freely in our endeavor to cure and to prevent disease. We may only use one of these agencies in the cure of many diseases, but we do not hesitate to use all of them whenever they seem indicated.

And here comes sectarian number 1 and tells us that he can cure all diseases by manipulating the vertebrae. Sectarian number 2 claims that he can cure all diseases by water alone. Quack number 3 claims that he will prevent and cure all your ills by arranging your diet for you, making you eat lots of salads, or cutting off all meats, etc., etc. Quack number 4 claims that uncooked food is the panacea. Fraud number 5 vociferously asserts that he can cure all diseases by exorcising the devils from within you, i. e., by making you believe that there is no such a thing as disease, that it is all an error in your mind, and so on and so on. All such claims and assertions are absurd and fraudulent, because there is no single agency in the world, that is applicable to the entire range of human disease. It makes no difference what the agency may be, if anybody tells you he can cure *all* diseases by the aid of one agency, you can safely put him down as a quack.

To summarize briefly: A physician in the true sense of the word uses and has at his command every natural agency, material

and immaterial, that has been proven useful in the treatment and in the prevention of disease. A quack uses—or claims that he uses—only one method of treatment for all diseases.

There are many other things that go to make up a quack, but that is another story.

The new Cure (?) for Locomotor Ataxia.

If ever a body of high-class, intelligent physicians was "taken in," it was our Academy of Medicine, when it permitted the reading of the famous, or notorious paper, on the treatment of locomotor ataxia. It seems that the whole thing was a carefully prearranged plan to give the author the so much longed for newspaper notoriety. From every corner of the United States we receive inquiries from physicians enclosing newspaper clippings, lauding the wonderful Denslow cure for locomotor ataxia. The physicians tell us that they are importuned by their patients to learn all about and try on them the "new cure," or they threaten to go to New York and put themselves under the personal care of the discoverer. And many of them are doing it. The "discoverer" has apparently accomplished his object, his expectations have been realized beyond his wildest dreams, for we learn that his office is now constantly packed, and that he has raised very considerably his fees for consultation and treatment.

We are the last persons in the world to advocate a censorship over medical papers, but it should be understood that no paper which reports marvelous, hitherto unattained results, especially if those results are obtainable only by the reporter himself, who has marvelous skill and unapproachable dexterity, should be presented to an association unless previously submitted to the program or lecture committee. Some safeguard is necessary to prevent papers from being read, which have for their sole purpose the grinding of the author's axes.

And above all, everything should be done to avoid the possibility of an author or a paper being exploited by the newspapers.

Until a new method has been discussed thoroly in the medical press and its status established by the medical profession, its discussion in the newspapers can only bring harm—to the public and the medical profession alike.

Quinine and Gonorrhea.

A silly paragraph is going the rounds, being reprinted by one medical journal from another, to the effect that quinine has a deleterious effect on the course of gonorrhea, acute or chronic. This is one of the numerous statements found in such abundance in the journals intended for our backwoods brethren, that are distinctly *not* so. The statement is without any foundation. On the contrary, in many sluggish and obstinate cases of gonorrhea,

the administration of quinine internally is of distinct benefit. And, of course, in gonorrhea patients suffering with malaria, quinine must *not* be omitted. And urethro-vesical injections of quinine are very frequently of marked value.

We would wonder how much damage is done to patients, day in and day out, by silly, ill-considered, baseless statements, which are permitted to creep into the pages of medical journals by their careless and non-critical editors.

* * *

We could fill up every one of the forty solid reading pages of the CRITIC AND GUIDE by merely going thru the pile of journals that we receive around the first of every month and criticizing the wrong therapeutic advice, the silly impossible or incompatible formulae, in short, the statements that "ain't so." But what's the use?

History Repeats Itself.

History repeats itself and apparently there is not much difference between the lowest of patent medicine makers and some of our *confrères* who walk the earth under the mask of ethics. For some of these "ethical" political doctors and official so-called editors are beginning to use towards the editor of the CRITIC & GUIDE the same methods, the same tactics, even the same language that were employed against him some five years ago by the lowest of nostrum manufacturers (James Alkaloidal Co., etc.) whose wares he dared to expose. At that time he had to fight the battle alone; he had no support, no encouragement from anybody. He expects to be alone in the present fight. He came out victorious in that fight; he expects to come out victorious in this one. The first was a fight against secret preparations, fraudulent formulae and corrupt write-up journalism. The present is a fight against intolerance, narrow-mindedness, unfairness, vindictiveness, and the generally inquisitorial and domineering attitude which a small number of our machine doctors are assuming toward the rank and file. When an official journal attacks a man and does not give him a chance to defend himself, when an official journal closes its pages to all communications in which the other side is presented, or in which the management is criticized, then it is time to cry "Halt"!

And that is what we are doing.

And we shall continue to battle single handed, if need be, until such time when fair play, tolerance and harmony again reign in the ranks of the American Medical Profession.

What Would You Do in Such a Case?

Here is a case for all moralists and casuists to ponder at their leisure hour.

We have just examined a patient, sent to us for treatment by Dr. J. T. Morehouse, of Orange, N. J. The young woman

had been treated by an old doctor for over two months, but getting constantly worse, she applied to Dr. Morehouse. The doctor seeing the nature of the case, thought he would rather not have anything to do with it, advised her to seek a specialist and sent her to us.

She came with the diagnosis of "clap." I examined her, and found one of the worst cases of gonorrhea, that I have ever had the good or bad fortune to treat in a woman. Everything that could be gonorrheal—was. She had a gonorrheal urethritis, cystitis, vulvo-vaginitis, cervicitis, and, what is more, she had a well developed and unmistakable case of gonorrheal proctitis. Well authenticated cases of gonorrheal proctitis are rare, but she had it—and no wonder. She was, as she confessed to me, of exceedingly loose morals, often receiving a number of visitors in one night, and indulging, I fear, in unnatural practices. From everywhere sanious pus was oozing, and the examination was neither easy or pleasant to myself, nor free from pain to the patient.

I was about to tell her to get up from the examining table, when certain appearances around the anus made me suspicious and on closer examination I discovered that the woman was suffering not only with a bad case of gonorrhea, but also with a very bad form of syphilis. There were anal condylomata lata, a chancre on the labia well defined and numerous mucous patches in the mouth, on the tonsils, fauces, etc. In short, this young woman was a horribly dangerous carrier of virulent infection. A smallpox case was no circumstance to her. What was her occupation? Was she a professional prostitute? No. She was a servant girl in a well-to-do family working for fifteen dollars a month. She was, however, well provided with money, which she apparently received from her gentlemen friends. And I learned to my horror that in the family in which this woman was working, there were four small children.

Now what am I to do? To permit the woman to work in that family and allow two adults and four babes to run the risk of infection with gonorrhea and syphilis and be ruined for life? Every fibre of my moral nature revolts against such a criminal *laisser aller* policy. To report to the family, that a dangerous person is in their midst, and that they should at once discharge her? This is the first impulse, but the law distinctly forbids us to do any such thing. The law distinctly prohibits us from betraying the confidence of any patient, from giving any information about any patient, obtained in a professional way.

And it is not only the statute law that is in the way. The moral law is superior to statute law, and where the two conflict, we should not hesitate a moment in obeying the former in preference to the latter. But the moral law is not very clear on this

point. If it were, we would not be in a dilemma and we would not ask you to discuss the case. The moral law also defends and protects the patient. The patient comes to us in perfect confidence. What he or she tells us, or what we find out in our professional capacity, should be kept sacredly confidential, as much so as the avowals made to a priest in the confessional, and under no circumstances should we use such knowledge to the patient's detriment. This being so, have we the right to act the part of informer, have we the right to give information to her employers, which will cause her to be chased in disgrace, and prevent her from getting another position, probably for a long time to come? Have I got such a right? No? And how about the four innocent children?

I shall undoubtedly get out of the dilemma, but the subject is an interesting one for discussion, and we should like to know what our readers think about it.

A Treatise on New Remedies.

It was in the June, 1903, issue of the CRITIC & GUIDE that we began the publication of the first edition of our Treatise on New Remedies. We live in a rapid age, and during the last five years many changes have taken place in the modern therapeutic armamentarium. Many remedies have fallen into innocuous desuetude, while many new remedies of positive value have been introduced during this period. A new edition of the Treatise on New Remedies is therefore needed and in response to numerous requests from our subscribers, we will commence its publication in the January issue of the CRITIC & GUIDE. It will be brought absolutely up to date; every new remedy possessing any value (secret remedies or nostrums excepted) will be incorporated, and we believe that on the whole it will be the most satisfactory of all treatises on new remedies, equally serviceable to both physicians and pharmacists.

You will pardon us for bringing up the subject, but we will appreciate it greatly if you will be kind enough to remit your subscription without waiting for a bill. One dollar for one year, three dollars for four years, ten dollars for life. Ninety per cent. of the subscriptions expire with the December issue, and OUR subscribers should certainly not have to be reminded. Even if you are paid up to 1910 you may remit: Your subscription will be advanced on our books correspondingly.

Please let us hear from you.

☆ ☆ ☆

Beginning with the January issue, several new features will be introduced in the CRITIC & GUIDE.

Letters from the Editor.

Naples and Open Air Recreation.

Friday, July 17th, 1908.

MY DEAR BABIES:

I do not know exactly whether I am still asleep or awake—I feel so dreamy. We spent the greater part of last night walking the streets of Naples, and we had only a little snatch of sleep this morning. As with Gibraltar, we were lucky again to approach the bay of Naples in a glorious sunset. The bay and the city did look beautiful, but I shall not attempt to describe the scene, as I will soon run short of adjectives and superlatives; and besides you really have to see the thing for yourself. Descriptions give you only an exaggerated or distorted idea. It was 9 p. m. before we got off the steamer and stepped on the soil of ancient Napoli. And I will tell you of the stirring adventures and hair-breadth escapes we have had during this memorable night.

Before getting off the boat we were cautioned by the stewards and some passengers not to take any valuables along. Mama was told to remove and leave with the purser all her jewelry, etc. We were warned that Naples abounded in thieves and cutthroats who boldly snatched things from your person and coolly put a stiletto into you if you resisted. The dangers were particularly great in the night and around the docks. Under the circumstances we did not feel very much encouraged to go off, but the temptation to see Naples by night was too great to be resisted by your papa and mama, timid as they are.

As we got off the steamer, we were approached by a number of guides offering us their services in showing the town, and I selected a young Neapolitan who spoke pretty good English, or I should rather say, spoke pretty bad English very fluently. It was distinct Bowery English, and he employed even such choice expressions as "twenty-three" and "skiddoo." I was sure that he must have been in New York, but he denied it. He said he never left Naples, but learned English by himself, with some aid from his returning compatriots. I was incredulous, but when I saw that he spoke French and German with the same facility, I believed him. He took us first to the Arcades, which are very fine and which he declared to be the finest in the world. When I told him that in my opinion the Vittorio Emanuell Arcades in Milan were superior, his Neapolitan pride was quite wounded. He then took us to the royal palace and garden (you couldn't see very much of them in the evening), to the principal squares, streets and monuments, etc. At about 10.30 we began to feel tired, and we told him we wanted to sit down in some open place, where we could take some ice cream and lemonade, *and perhaps* listen to music. "Come on, there is just the place

for you." After passing some narrow dark alleys—we will confess that our hearts went a little pit-pat, as we expected the banditti to come out from ambush every minute—he brought us to a large, well illuminated square, where several hundred people were sitting, sipping their coffee or nibbling at their *gelati,* and where something very funny was apparently going on, to judge by the frequently repeated outbursts of hearty laughter. We soon noticed a platform in the open air, where a performance was going on. We got seats in front, and tho my knowledge of spoken Italian is quite elementary, still I could catch the plot and the gist of the little comedy. After the comedy there were singing solos, instrumental music, etc. The people seemed to enjoy themselves greatly, and so did we. It was near midnight when the performance was over, and we left with regret. And so it seemed to us did the rest of the people.

And here, before I proceed to describe our further peregrinations in Naples, I will stop for a while to discuss a subject which is very near to my heart. Of all the large cities of the world that I am familiar with, New York is the only one that has not a single outdoor refreshment or amusement place. This has a more far-reaching effect than you imagine. Take any European city—Vienna, Paris, Berlin, Dresden, Venice, Berne, Geneva, etc., etc. The business man, the professional man, the workman, after the day's work is done, can go to an open beer garden or to an open café, and sitting at a table, he can, together with his family or his friends, enjoy good music, watch the people, and breathe fresh air at the same time. He goes home rested and refreshed, sleeps better and feels better for next day's work.

In New York there's nothing like it. Leaving out the negligible number of rich clubmen, the man of moderate means has nowhere to spend his evenings. In the theatre the air is foul and besides you can't go to theatre every night or even two or three times a week. The well to do man must go to some restaurant, sit in an overheated room filled with tobacco smoke, and the workman must go to the vile beer saloon, where both the moral and physical atmosphere is vitiated, where he must gulp his beer standing—and he glups much more than is good for him, in contrast with his German brother, who can sip a glass of beer for an hour—and the result on both the business or professional man and the workman is a very unhappy one. And the workman who leads a deadily dull life, and to whom no facilities are presented for decent legitimate amusement runs into mischief, into vice and occasionally into crime. On account of dulness. And it is hard to blame him.

For dulness is a terrible thing. Next to hunger and pain, it is the most terrible thing in the world. The Roman proletariat, during its worst periods, was not satisfied with bread alone. It demanded bread and circuses—*panem et circos.* And the Roman fathers understood the demand and gave them both. "Man lives

not by bread alone" has more than one meaning. The human mind demands recreation; if you do not afford it in a legitimate manner, it will look for and find it in illegitimate, injurious ways. Especially pernicious is this lack of open air recreation and amusement on our growing boys. The formation of boys' gangs, the petty mischief, gradually growing into stealing and burglary, the ruffianism and rowdyism which is worse than in any other spot in the world, is in a great measure traceable to our neglect in affording decent, open air recreation and amusement, to the absence of open air refreshment gardens.

Will we ever see a change in this regard in our cities? Not until our municipal officials are men of a higher standard, men of intelligence, men who have seen the world, men imbued with some civic spirit. There is nothing to be hoped for as long as our aldermen, mayors, etc., are ignorant politicians, who have no civic pride whatsoever, and whose only god is the god of graft. But to continue.

We continued our sightseeing of Naples by night. Our guide took us to some peculiar places. At 1 a. m. we went to the fish market on the bay, where peculiar looking types of men and women were selling mussels and fish. The smell was not very gratifying, the environment was not very encouraging—I would certainly not venture into such a place at such a time in New York, but nothing happened to us. We passed streets where a number of little children, girls chiefly, were sleeping peacefully on the sidewalk—with the flagstones for a mattress, their little fists for a pillow, and the clear blue glorious Neapolitan sky for a blanket. We asked our guide why these children slept on the street instead of in their beds, and he told us the reason of so many poor people in Naples preferring the sidewalk to their beds was, first, because the rooms were very hot and stuffy, and, second, because the beds were as a rule teeming with bedbugs, fleas and other insects.

We walked until we were thoroly tired out, and at 3 a. m. our guide brought us back safe and sound to our good ship the Königin Luise. For serving us as a guide for six hours he asked the enormous price of two and a half lire, or 50 cents; and when I gave him 5 lire (one dollar) he nearly prostrated himself in gratitude.

And how about our adventures? There wern't any. In all the places, streets and alleys we visited—and we visited places into which as I said I would not venture at night in New York —we did not come across a single ruffian or drunkard, did not see any threatening gestures, and did not hear any disrespectful words. I guess that the pirates, cutthroats and banditti exist more in the peoples' fancies than in Naples—but it shows you what it means to have a bad reputation.

When we got on the steamer, we were not in a mood to go *to sleep; it* was a shame to exchange the glorious moonlight and

the immense expanse of ocean and sky for the narrow and confined stateroom. And so we stood on deck, and thought and thought and thought, and dreamed and dreamed.....And underneath us the waters of the Mediterranean were lovingly lapping the hulk of the ship, and above us the moon shone and the stars smiled and twinkled.....

Lovingly, Father.

Genoa, July 18th, 1908.

DEAR CHILDREN:

Just two weeks to-day since we left dear old New York and the dearest spot to us—Mt. Morris Park. In these days of rapid travelling, two weeks on the water seems a long, long time, but we were sincerely sorry that the trip was coming to an end. We had such glorious weather, everything was so beautifully quiet and peaceful, the mind was so free from cares and details, that I repeat we were sincerely sorry to get off. We should have liked to stay another week or two. We knew that on land, with its railway travelling, hustling to catch trains, constantly changing hotels, etc., things would not run so smoothly. But everything has to come to an end—and so we disembarked this morning. Genoa did not receive us very friendly—it was raining. It always acts very depressingly on me to arrive into a new place during a rain. I do not mind it if it rains the second or third day, but I do not like it to rain just as I am descending from the railway carriage. It is as if a friend received you at his door with a scowl. The approach to Genoa is magnificent; the city, built amphitheatre like on a hill, looks from the bay even prettier, I think, than Naples. But the city itself, when you are in it, does not look so beautiful, and the walking a good deal of the time either up or down hill (they have even special names for the streets: *salita* is a street going uphill) is not very pleasant. It is like this with all cities built on hills. They look very pretty from a distance, and they appeal to the sojourner for a day, but the permanent residents have a different story to tell.

It reminds me of Lausanne. Lausanne is also a city built on hills. It is like three different cities, built on different levels. To get from the lower part of the city to the higher you must walk up a number of steps or a steep incline—or you must take the funiculaire (cable railway). I remember three years ago—it was my first visit to Lausanne—I was walking up briskly some couple of hundred stairs to reach the cathedral. Ahead of me was toiling up an old gent, puffing and blowing. As I overtook him, I remarked: "Nice city, Lausanne." He looked at me, not in a very friendly manner. "Come here this morning?" "Yes." "Well, you wouldn't think so in three months from now. It is the —— —— in all Switzerland. It kills the horses, it kills the men. Wish I could live in a decent level city, where you can walk for five minutes without losing your breath."

The Italians call Genoa *La Superba.* Well, I have seen many more superb cities, which goes to show that names sometimes do not mean much. But you must think very, very kindly of Genoa, for you will recollect that it was a Genoese young man, whose first name was Christopher, who discovered another world, so unjustly called America. Think what might have been if C. C. had not discovered the new, badly needed, continent. Where might we be now? And where would Teddy Roosevelt display his strenuous activity? And where would Dicky Croker have gotten what he got? And where would John D. have gotten enough money to pay his fine of 29 million dollars—which he will never pay? And where would the entire New York and Chicago police force be now? There isn't room enough in Ireland. So you see, you must think kindly and reverently of Genoa, the birthplace of a man who has had a greater influence on the destinies of mankind than any other man that has ever lived. And the Genoese have built him a fine monument. It is time we in America built him a monument worthy of his great achievement—but a real monument, and not one of those scarecrow things that disfigure New York and furnish amusement to the heathen foreigners.

Many of the streets, streetlets (*vico*) and alleys in Genoa are very narrow and crooked; they do not run in a straight line as they do in New York, and it is very easy to lose yourself. On returning from a visit to the Campo Santo (literally, sacred field: cemetery, which by the way is the finest cemetery in all Italy, containing some very artistic monuments, and is well worth a visit) I lost my way. I seemed to be in a labyrinth of streetlets and alleys, and the nearer I thought I was approaching my hotel, the further away I got from it. It was getting dark, and I finally asked a passer-by the way to the Hotel de la Ville. He explained me, but there were so many turns in the explanation, so many *al destro's* and *al sinistro's* (to the right and to the left) that I had my doubts of finding my way. Nor was a cab to be gotten in that neighbourhood. My informant probably noticed the confusion on my face; he looked at his watch, and then with an emphatic nod: Come along, he said, I will show you where it is. After about fifteen minutes of continual zigzaging, climbing up and going down and traversing various courtyards, we reached our hotel. I would never have found it myself—not that night. I was very grateful to my volunteer guide, and told him so. He smiled, lifted his hat, and was gone, striding at a rapid pace—probably to make up for time lost.

And this happened to me more than once, in Italy and in France. If the man of whom you ask your way seems to think that his directions might not prove sufficient and you might have difficulty in "orienting" yourself, he will just go along and bring you to the desired place. You will remember the same thing

happened to us in Washington, D. C., where we went during the unveiling of the statue of the French general, Rochambeau, I think is his name. When the Washingtonian went out of his way to bring us to the Ebbitt House, we, New Yorkers, used to the New York gruffness and curtness, were very much surprised. Yes, catch a New Yorker going out of his way to help you out of a difficulty. The answer would be: New Yorkers are too busy. That is no excuse at all. Firstly, let them *not* be so busy. What is the hurry? They will get to their grave just as surely as just as quickly (no, more quickly), as if they were taking things easy. Secondly, nobody should be too busy to be polite or to help one out of a difficulty. Thirdly, it is not a matter of busy-ness at all. Take the street rounders, those who stand all day around the saloons, doing absolutely nothing except wetting their gullets every now and then. Ask them for some information: they will be just as curt and abrupt. Thru his mouth half occupied with chewing tobacco or a big black cigar the answer they will give you will be hardly intelligible.

No, it is not a matter of being busy. There is simply something radically wrong with our social relations.

We are leaving to-morrow for Lugano. Mama sends her love. Be good. Papa.

Physicians and Sociology.

We are glad to see that physicians are waking up to the importance of the study of Sociology, to the importance of the interdependence between medicine and various sociologic problems. The president's address at the last meeting of the Medical Society of the State of Pennsylvania was entitled: "Physicians Must Be Physiologists," and it contained some pretty good ideas. The address delivered at the opening of the present annual session of the Medical Department of the University of Buffalo was entitled "Sociological Medicine," and a most excellent address it was, full of important facts and suggestions. We regret that it is too long for reproduction in the CRITIC AND GUIDE, but we may print an abstract of it. Dr. Holt's paper on "Socialism and Preventive Medicine," printed in our August issue, called forth widespread interest and most favorable comment.

It all goes to show that there is a waking up process all along the line.

As an application in conjunctivitis borax is more useful than boric acid. Boric acid sometimes proves irritating, while pure borax does not. The usual strength is about 10 grains to the ounce of water.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

The Prophylaxis of Syphilis.

Prof. A. Neisser (*Brit. Med. Jour.*, Oct. 10, 1908) speaks very highly of Metchnikoff's calomel ointment, the formula of which we gave in a previous issue of the CRITIC AND GUIDE, as a preventive against syphilitic infection. He, however, denies the statement that it may be regarded as infallible. He believes that energetic washing with corrosive sublimate solution (2 or 3 per thousand) is more certain. He recommends one of the following two formulas:

℞	Hydrargyri Chlor. Corros.....	gr iv
	Sodii Chloridi.....	gr. viii
	Aqu. destill.....	m. xxx
	Alcoholis.	m. x
	Glycerini.	℥ iiiss

℞	Hydrargyri Chlor. Corros.....	gr. iv
	Sodii Chloridi.....	gr. viii
	Aqu. destill.....	m. xxx
	Alcohol.	m. x
	Ung. Paraffini.....	℥ iiss
	Glycerini. .....f	℥ ss

Antiseptic Vapors in Pulmonary Tuberculosis.

Continuous carbolic acid vaporization is, according to Dr. R. Lee, of high value in pulmonary tuberculosis. The vaporization is to be accomplished by a suitable apparatus. He reports the case of a physician's wife who was supposed to be dying of acute pulmonary tuberculosis. This treatment alone was followed out, the symptoms of septic fever gradually subsided, the lesions in the lungs became arrested and the patient is now alive and enjoying good health.

Treatment of Offensive Breath.

Fetor of the breath may be caused by disorders of the digestive system, by local morbid conditions about the mouth, throat, or nasal cavity, or by certain diseases of the respiratory organs. The first indication is, of course, to seek out the cause of this symptom and to endeavor to remove it. The habits should be duly regulated. The mouth and the teeth should be properly cleansed, and the alimentary canal maintained in good order; and any special affection requiring treatment should be attended to. When unpleasant breath depends on the stomach, it may often be improved by taking charcoal, at the same time remedies being employed suitable for the particular affection present, and cal-

culated to promote the functions of the alimentary canal; the bowels should be kept freely open. When the bad smell depends on local causes, it may be diminished by the use of antiseptic mouth washes, gargles, sprays, or nasal douches, of potassium permanganate, hydrogen peroxide, thymol, carbolic acid, or creosote. Antiseptic inhalations or injections are indicated in fetor from the air tubes.

In fetor from decayed teeth, the following formula will be found useful:

Thymol.	8 grs.
Alcohol.	1 fl. oz.
Glycerin.	4 fl. dr.
Sol. of Formaldehyde.	8 drops.
Water, to make.	8 fl. oz.

Use as a mouth wash.

or:

Solut. Chlorinated Soda.	1½ fl. dr.
Glycerin.	4 fl. dr.
Peppermint Water, to make.	8 fl. oz.

Use as a gargle.

In fetor from gastric fermentation, the following mixture has given satisfactory results:

Creosote.	30 min.
Resorcin.	15 grs.
Alcohol.	4 fl. dr.
Chloroform Water, to make.	3 fl. oz.

Teaspoonful after meals in a little water.

In fetor of the breath resulting from gastric fermentation due to anacidity, the following has been recommended:

Pepsin, U. S. P.	2 dr.
Dil. Hydrochloric Acid.	4 fl. dr.
Strychnine Sulphate.	¼ grn.
Syrup of Raspberry.	1 fl. oz.
Water, to make.	8 fl. oz.

Teaspoonful in a little water after meals.

Inasmuch as carious teeth often co-exist with digestive disturbance, the conjoined use of the mouth-wash and either of the mixtures for internal use is advisable.

In sympathetic inflammation of the eye Widmark has found sodium salicylate very efficacious. (*J. A. M. A.*, Vol. 51, p. 1652). He gave from 30 to 50 grains of sodium salicylate per day with atropine and hot fomentations. In 17 cases treated in the clinic of Stockholm three showed no effect while all the others recovered.

The Action of Diuretics.

According to Dr. Rumberg (*Muench. Med. Woch.*, Sept. 29, 1908), who made an exhaustive study of the action of diuretics, calomel and sodium salicylate act injuriously on the kidneys. The

irritation produced by sodium salicylate is transient, but calomel in large doses may cause an actual nephritis. According to the author calomel is distinctly contraindicated whenever there is the slightest suspicion of a kidney lesion and he never administers it, especially to elderly persons, unless he is sure that the kidneys are normal. The most effective diuretic is in his opinion theocin. If it irritates the stomach it should be given in very small doses at first, and only two doses a day on alternate days. Or it may be administered per rectum.

It is a question whether there is such a thing as syphilitic diabetes. Of course we have patients who are unfortunate enough to suffer both from syphilis and diabetes, but this does not by any means establish any causal relationship between the two diseases. Rather tending to disprove such relationship is the fact, that the so-called syphilitic diabetic is very seldom benefited by a course of mercurials.

Sir Dyce Duckworth (*Inter. Clinics,* Vol. III Series 18) says that injections of osmic acid (7 minims of a 1 per cent. solution) or of potassium osmate have proved useful in sciatica. Injections of one or two c. c. (15 to 30 min.) of sterilized water into the nerve have also proved useful. He further states that aspirin in full doses, 10 grs. three times a day is certainly useful.

In the same volume Paul Tissier speaks highly of the value of Aqua Fluoroformi in whooping cough. Up to the age of two he gives 1 drop after each attack the first day, two the second, three the third and so on, not to exceed 100 drops per day; between the ages of two and four, 100 to 200 drops per day may be given; above this age it may be given in half to teaspoonful doses; or even in tablespoonful doses. The remedy is not toxic.

Sixty grains of sodium salicylate are equivalent to about 50 grains of salicylic acid. The question as to the difference between the natural and the artificial sodium salicylate has not yet been definitely settled, but we for our part much prefer the natural product. Unfortunately you cannot always be sure of getting it. You may specify "sodium salicylate natural," or "salicylic acid natural" and still many drug stores will dispense the artificial product, because it is much cheaper.

If you wish to make fresh sodium salicylate you can do so by prescribing salicylic acid and sodium bicarbonate in the proportion of five of the former to three of the latter. This will yield six parts of sodium salicylate. In other words, if you take five drams of salicylic acid and three drams of sodium bicarbonate you will obtain six drams of sodium salicylate. (This seems to be wrong arithmetic, but it is correct. The other two drams are *carbon dioxide* and water).

Solution of sodium ethylate is made from pure metallic sodium and absolute alcohol. It is official in the British Pharmacopeia. It is used exclusively as a caustic and it removes warts readily, practically without any pain. It should not be allowed to come in contact with water, as it will catch fire.

Campho-Menthol. This is a liquid obtained by merely rubbing together equal parts, by weight, of camphor and menthol.

Saliformin. This is chemically the salicylate of hexamethylenamine.

Pyridine. This is a colorless liquid of a very unpleasant odor. It has fallen practically into disuse. The only use it still has occasionally is as an inhalation in whooping cough. About half to one dram of pyridine is poured on a plate and allowed to evaporate spontaneously in the room.

Mercuric chloride should certainly not be dispensed with syrup of hypophosphites, because it is quickly reduced to calomel and then to metallic mercury. A little knowledge of incompatibilities is necessary for proper prescribing.

The difference between Churchill's solution of iodine and Lugol's solution is this: Lugol's solution contains 5 per cent. of iodine and 10 per cent. of potassium iodide, while Churchill's solution contains 25 per cent. of iodine and 50 per cent. of potassium iodide. In other words it is 10 times as strong. Lugol's solution is used internally, while Churchill's solution is used externally. And it is pretty caustic.

Argentamine. This is a colorless liquid containing 8 per cent. of silver phosphate dissolved in a 15 per cent. aqueous solution of ethylenediamine. As a gonorrheal injection it is used in solutions of 1:10000 to 1:3000.

According to Marshall and Neave (see *J. A. M. A.*, Sept. 15, 1906) argyrol has no bactericidal properties. While it is useful in gonorrhea, its value has been grossly exaggerated.

In epistaxis plugging the nares should be avoided if possible. The application of a pledget of cotton saturated either in peroxide of hydrogen or in a 10 per cent. solution of antipyrine on in adrenalin chloride solution should suffice for all ordinary cases. In rare instances the bleeding point must be cauterized with chromic acid or with the galvanic cautery.

In Gastroptosis

Ewald suggests the following prescription:

Tinct. Nucis Vomicae	℥ vi
Resorcini	℥ i
Tinct. Cinchon. Comp	℥ iiss

10 to 15 drops every two hours.

The following prescription used by the late William Pepper has proved of service:

Creosoti, U. S. P	gr. vj
Sodii Bicarbon	℥ ij
Pulv. Acaciæ,	
Sacchari, aa, q. s.	
Spt. Lavandul. Comp	℥ ij
Aquae, q. s. ad	℥ iij

Teaspoonful after meals.

A very effective prescription recommended by Dr. John H. Musser, known in the pharmacy of the University Hospital as "Carbol-Soda," is the following:

Acidi Carbolici	gtts. vj
Sodii Bicarbon	℥ ij
Spt. Ammon. Aromat	℥ iv
Spt. Chloroformi	℥ ij
Mist. Sodæ et Menthæ	℥ iij

Teaspoonful after meals and at bedtime.

Washing the face with buttermilk night and morning instead of with water has been found useful in acne and in the acne-like eruption by the bromides.

Mercury as a Specific in Infectious Diseases.

At the recent meeting of the Medical Society of Virginia, Dr. H. E. Jones stated that in his opinion mercuric chloride was a specific not only for syphilis, but for every other disease caused by a living organism. His experience is that no patient under its treatment has ever contracted any other infection; and in no case of infection in which he has used it has there been a death, and he has seen but one complication. It has been discovered that in syphilis complicated with tuberculosis the use of mercury has been of much benefit for the latter as well as the former. Hypodermic exhibition is the best method of administration.

Sodium chlorate is official, but there is no reason why it should be. As a matter of fact it is practically never used. It is much more soluble than potassium chlorate, but this is no advantage, for the chlorates, if administered at all, should be administered in very dilute solutions. Even as a gargle there is no need of administering the chlorate in more concentrated solution *than 1:16, and* potassium chlorate is soluble in this proportion.

Potass. Permangan. for Sweating Feet.

EDITOR CRITIC & GUIDE:—Permit me to tell your readers of one remedy, which I have not seen mentioned anywhere, and which is the sovereign remedy for sweating feet. This is permanganate of potash. Use one dram to a pint of water and soak the feet every night. A positive cure in three or four nights.—*Dr. B. Malone.*

[Potassium permanganate is an excellent remedy in hyperidrosis, but our correspondent is mistaken in thinking that it is something original. It has been mentioned a number of times in medical journals. We have used it a great number of times, but we generally use it in twice, or even three times the strength as given by the doctor.]

Brovalol.

Brovalol is a chemical compound containing 25.2 per cent. bromine, 48.3 per cent. borneol and 26.5 per cent. isovalerianic acid and occurring as a colorless, oily liquid of slight odor. It is stated to be readily taken and well borne even by sensitive subjects, occasioning no nausea, eructation or other bad effects.

Preliminary communications seem to demonstrate that Brovalol is a valuable remedy for conditions of neurasthenia and hysteria, cardiac neuroses, and functional nervous disorders in general.

The dose is 4 to 12 drops several times a day, preferably in the form of capsules.

Medinal a New Hypnotic.

Medinal is chemically the mono-sodium salt of Diethyl-Barbituric acid. In plainer language, it is the sodium salt of veronal. It is soluble in 4 to 5 parts of water and the dose is from 5 to 15 grains.

On the Preservation of Urine.

Dr. O. F.—The most generally satisfactory preservative for urine is boric acid in the proportion of 5 grains to 4 ozs. Formaldehyde is much stronger. One drop of formaldehyde solution will preserve a pint of urine for a week (Ogden). If used it should not be used in a stronger proportion than one drop to 4 ounces or more.

Dr. K. B.—Erythematous or scarlatiniform rashes, while rare, are not unknown in the course of acute gonorrhea. Several authentic cases have been reported, in which any other exciting cause could be excluded. In the *British Medical Journal* two cases are reported, in which the scarlatiniform rash appeared without fever or any other general symptoms and disappeared in 4 to 7 days. No internal medicines were taken by the patients.

THE AMERICAN PHARMACIST

A Fatal Mistake.

We take the following item with the above heading from the St. Louis *Medical Review* for October:

"Josie Costello, three years of age, was taken ill at play July 26th. All day she complained of sore throat, and when her father, A. Costello, of 405 South Broadway, went home that night he found the child in bed with a high fever. He carried her to F. G. Kring's pharmacy at 318 South Broadway, and asked the clerk what was the matter with her, as she seemed pretty sick. The clerk examined the child and diagnosed her case as whooping cough. The father took the child home and treated her as the drug clerk directed. She grew worse and that night was sent to the City Hospital, where Dr. C. H. Shutt, Assistant Superintendent, diagnosed the case as diphtheria. She died August 6th. The father called the attention of the city authorities to the case and an investigation has begun. It is believed that a warrant will be issued against the drug clerk."

How many times we pleaded with the druggists not to attempt to diagnose diseases, not to prescribe for anybody, and particularly for the children! Those whom we reach are influenced, but we cannot reach everybody. But there is a general awakening in this respect too.

Whether drinking is reprehensible or not, whether prohibition is a wise movement or the reverse, the drug store is not the place where liquor should be sold as a beverage, and it is certainly the duty of the druggist to observe the law, like any other respectable member of society. If he fails to observe it, if he yields to the temptation of getting business which is denied the saloon, if he abuses the privilege accorded him of selling liquor for medicinal purposes, he brings himself into disrepute and he contributes in a large measure towards disgracing the entire profession.—*Harry B. Mason.*

Elixirs of the National Formulary.

E. Fullerton Cook has experimented with the elixirs of the N. F. and finds many of them not quite satisfactory. His paper is printed in the *American Journal of Pharmacy* (July) and we abstract the most salient points. We agree with his criticism that there are altogether too many elixirs in the N. F., many of them being of unquestionable utility.

Anise.—The formula is very unsatisfactory. The odor is *not that of anise,* but strongly of bitter almond, and considerable

oil separates, making an unsightly preparation. While the separation of oil is recognized by the "Note" in the N. F., there can be no reason for the excess.

Caffeine.—It was entirely impossible to dissolve the caffeine in the 125 c.c. of aromatic elixir directed. Experiments show that 625 c.c. is sufficient and a change should be made in the directions.

Calcium Hypophosphite.—The salt dissolves very slowly, a small portion remaining undissolved. It is doubtless the fault of the salt, yet it seems to be impossible to buy an article which is wholly soluble. One worker has suggested the solution of a freshly precipitated salt to avoid the difficulty.

Calcium Lactophosphate.—The directions are faulty. When the calcium lactate was rubbed with the phosphoric acid, water and syrup, it would not dissolve; but when first dissolved in the phosphoric acid and then mixed with the other ingredients, no difficulty was encountered.

Compound Cathartic.—Considerable sediment separates from this elixir after standing a few weeks. This criticism applies to most of the elixirs made from fluid extracts, including: coca, aromatic eriodictyon, euonymus, frangula, grindelia, cascara sagrada, and compound taraxacum.

Glycerinated Gentian.—This elixir has been repeatedly criticized for the presence of both acetic ether and solution of saccharin. The formula needs revision.

Glycerophosphates.—Several different makes of the glycerophosphates have proven unsatisfactory. Mr. Dunning has stated that acid glycerophosphate of calcium is the salt required in this formula. A few drops of phosphoric acid will dissolve the precipitate. Solution was obtained in all cases; but upon standing, a voluminous white precipitate developed.

Lithium Salicylate, and other salicylates.—For a colorless preparation of these salts it is essential that a colorless and high-grade chemical be obtained. When bought on the open market, such a lithium salicylate was not obtained, and consequently the preparation is badly discolored.

Dr. Mitchell vs. the Mann Drug Bill.

The best and most comprehensive argument against the idiotic piece of attempted legislation, known as the Mann bill, is contained in a paper by Dr. Charles L. Mitchell, of Philadelphia, entitled, "The Mann Drug Bill: Paternalism in Drug Legislation," which appeared in the *Pharmaceutical Era* for September 10. We regret we have not the space to reprint it in this issue. It is well worth reprinting, for it takes the Mann bill to pieces and shows what horrible monstrosities may be inflicted on the medical and pharmaceutical professions and on the public, by our legislators, when incited by the blind and ignorant would-be-leaders of those professions. The hand of the bigoted back-number Hallberg can well be seen in the Mann bill.

Medical Censorship.

"Medical censorship, far from being neglected by those who have it in charge, too often swells to the dimensions of persecution. A man was once severely disciplined in New York for having professed to be able to pass an instrument into the larynx; another was publicly censured for having consulted with a homeopath (the "consultation" having really consisted in the heinous offense of attending the homeopathic physician's wife in confinement); and in London a few years ago another was made to suffer for what was looked upon as practising ablation of the clitoris without due cause. All of us have long been heartily ashamed of those persecutions, for such they now clearly seem to have been, and we mention them simply to show that in censorship the profession has been anything but negligent in the past. We hope it will not soon be led again into such pernicious activity."—Edit. *N. Y. Med. Jour.*, July 25, 1908.

The Blight on Medical Journalism.

That conditions in this country in the matter of medical literature and medical journalism are not unique is shown in a paper presented to the recent Congress for International Medicine at Vienna, by the President, F. v. Müller, of Munich. All the evils of which we complain exist there also (altho as this country contains the major part of the medical journals of the world, the extent of such evils, if not the diversity, is magnified here), viz., overproduction of articles that contain nothing new; the bolstering up of indifferent journals with the names of well-known men who, however, take no active part in the production of the journals and disclaim all responsibility for them; multiple publication of an article or publication in different journals of articles that are mere *réchauffés* of the same matter; premature communications; innumerable case reports, and interminable bibliographies. But the worst of all are the journals conducted for various side issues, which publish lying statements as to circulation and "write-ups" of commercial products. Müller's appeal to the "forces above material interests" to persuade writers to write only when they have really something to say, and publish only to supply a public want, will, we fear, fall on deaf ears. There is only one way to bring about the desired reform, and that is for the profession to show unequivocally what it *wants*. When the profession is educated up to a comprehension *of that fact* and acts on it, there will be no need to call on the *"forces above* material interests" for the suppression of the evil."—*J. A. M. A.*

Iconoclasts.

I must own up to being rather partial to an iconoclast, especially to one who is thoroly convinced, and makes a clean sweep of things. He is apt to be a young man, who, finding that the ground has been pretty well gleaned by his predecessors, and that entirely new ideas are scarce, realizes that, in order to come to the front, he must resolutely overthrow by force some portion of the already existing order of things.

So he walks boldly into your lot, makes disparaging remarks about the shanty in which you have lived so long and been quite content, and finally, with a vigorous shove, sends the entire edifice to the ground. After which he invites you to step over into his lot and see how far superior the building he has just put up is to the ruined structure you have left behind.

This sort of treatment is the best possible mental gymnastics for the man who is beginning to get on in life. There is no better test for the elasticity and activity of the protoplasmic prolongations of his big pyramidal cells than, just when they have comfortably settled down into ruts, and have become accustomed to certain modes of action and to ideas following each other in a well-known sequence, to be obliged at a moment's notice, not only to adopt an entirely new habit of life, but to completely shake off the old one as well,—not always the easiest matter in the world!—*Special corresp. Boston Med. and Surg. Jour.*

It is a horrible thought, but very true, that we reach a stage of life, some earlier, some later, in which a new truth, a perfectly obvious truth, cannot be accepted.—*Osler.*

The unkindness of professional men in their relations with each other is proverbial. Why is this so, and particularly as regards medical men? Surely no men have deeper founts of sympathy or friendliness than doctors generally, and few have more kindly or generous dispositions. Some one has said, scratch a doctor and you are pretty sure to find a good fellow. But when it comes to analyzing his attitude towards his professional brethren—the less said the better. Perhaps, after all, it is only competition in professional garb, but to many a man it is hateful, none the less. Many a young physician suffers acutely and has his whole life embittered by the unkindness and hidden meanness of the co-laborers from whom he expected fair, square and generous association. If he is ambitious and tries to get ahead, the more venom meted out to him by his "colleagues." If he is successful, the more assiduously his professional brethren wield the hammer. Most of it is "absent treatment," and while rarely detrimental in the sense of affecting his material fortunes, it does destroy the charm of his vocation and hurts him as a man. It is not right. Every doctor knows the difficulties and hardships

of medical practice. If ever man's inhumanity to man is exemplified it is to the doctor. Too often his only fee and reward is ingratitude. All this the physician knows, and it ought to bring him closer to his co-worker and make the vaunted fraternal spirit less the hollow sham it is. Maybe it will some day, but sometimes it seems a long way off.—*Amer. Med.*

A Warning to Quacks.

There was recently tried in England a case against a quack which we would like to see given wide publicity in this country, because it illustrates one of the greatest dangers to the people of quackery and because the same thing goes on daily in all of our large cities. The harm of allowing ignorant and irresponsible persons to treat diseases lies not so much in what they do as in what they leave undone, thru their ignorance and inability to recognize grave diseases at a time when proper treatment offers a hope, and sometimes a certainty of cure. This is particularly the case with cancer. The plaintiff in the case alluded to consulted one Hall, a quack who carried on business under the name of The Dr. Hall Hygienic Company. In August, 1906, the plaintiff had noticed a small lump or swelling in one of her breasts and she consulted the defendant who had before treated her for indigestion, and had since plied her with his pamphlets and advertisements. He professed his ability to cure her breast and during treatment, which lasted for more than a year, assured her that she was not suffering from cancer which she suspected and dreaded. His treatment included fomentations, ointments, baths, and herbal concoctions, and his scientific attainments and methods of persuasion may be judged by an extract from one of his letters written to her when she was rapidly and evidently growing worse: "Since seeing you last Friday we have thought about your case. We are pleased to know of the improvement which has taken place in your general health. This would have a tendency to draw the diseased condition from your body into the breast and throw it out, so that the main disease would be practically in the breast itself instead of scattered all over the body." In September, 1907, the plaintiff's condition and sufferings were such that she could persevere no longer, and she consulted a surgeon who diagnosed cancer, formed the opinion that an immediate operation would be her only chance, and excised the breast on the following day. It was, however, too late for any kind of remedial measures to be possible, and at the trial of the action the poor woman entered the witness-box as one beyond hope of recovery and apparently with but a short time to live. Her claim was made against the defendant upon the ground that by his false representations as to his ability to effect a cure she had been prevented by him from consulting a qualified surgeon, *with the result* that she had had to undergo a painful operation

without any prospect of a permanent cure. After hearing all the evidence in the case the jury promptly rendered a verdict for the plaintiff for six hundred pounds (3000 dollars).

A few such verdicts in this country would go far towards putting a stop to this villainous and cruel business.—*St. Paul Med. Journal.*

Swindling and Quackery.

The Paris police have just arrested a woman, aged 37 years, who had invented a singularly dishonest way of gaining money. She put an advertisement in the press saying that she could cure women suffering from abdominal maladies by means of a secret remedy which she possessed. When her "patients" arrived she made them undress under the pretense of wishing to examine them. During this time the maid went thru their pockets and took away all the money which she could find, except a small sum, so the unfortunate person might have enuf to pay her fare back. The secret remedy consisted of nothing but water. Very often the "patients" never discovered the theft until they had returned to their own home. A large number of complaints were received by the police and ended in the arrest of the woman and her maid.—*Lancet No.* 4334.

A Record Case of Prolonged Lactation.

Drs. H. R. Clarke and R. S. Nichol, of Manchester, England, reported the following unique case: They were consulted in reference to a little girl whose troubles were bronchitis and constipation. Inquiry elicited the fact that she was still nursed at the breast, altho she was five years and two months old. The mother was forty-seven years of age, well nourished, but somewhat sallow. She had been married twenty-four years and had eight children and one miscarriage. The youngest child, the one in question, nursed three or four times every day; for the previous two years, however, she had had some additional food. The mother began to menstruate at sixteen, but during the entire last period of lactation, of over five years, she menstruated once only. The breasts were full and milk could be readily squeezed from them. An examination showed that the milk was nearly as rich in fat as a sample of fresh cow's milk, with which it was compared. The child was weaned, a suitable diet being substituted, and it rapidly became well. Seven days after weaning the child the secretion of milk ceased.

This is a very interesting case from a physiological point of view. For over five years a demand was made on the breasts for milk, and they supplied it; the demand was stopped and the supply immediately ceased. The case also well illustrates the vicarious relationship existing between menstruation and lactation.

Race Suicide: The Mother's Side of the Question.

By ETTA CHARLES, M. D., Summitville, Ind.

Read in a symposium before the Eighth District Medical Society, Portland, Ind.—Lancet-Clinic.

Every doctor who has practiced medicine for a number of years can relate numerous accounts of women who have come to him, or sent their husbands, to relieve them of this awful burden of child-bearing. Every physician has his or her own way of sympathy or assistance. To say to the woman who comes to you for help it is better to have her children all little at one time, is cruelty. To help her out if she is pregnant is murder. It was this one fact that introduced me to the practice of medicine.

Within every woman's heart there is that mother-love that craves a child her very own. If she can have her own time, she will as anxiously await its coming as President Roosevelt could desire. Very few but will want another in a few years, but that is about the limit.

I had an old woman, the mother of sixteen children, tell me she tried to kill every one before they were born. "I loved them all," she said, "after I got them; but my life from fifteen, when I was married, until I was too old to enjoy life, was a living death. I never had happiness. The doctors would never tell us what to do; guess they wanted the money."

Don't you know the laity thinks the doctors know it all? They think you could tell them, if you would, just how to avoid it. They don't dream that you are just like that old woman who lived in a shoe—they have so many children because you don't know what to do. But it is a fact.

In the beginning of my professional career I was importuned almost daily by mothers, sickly, anemic, soul-bedraggled things, with a baby at the breast and a fear that another was coming. I was as helpless as they. There were just two ways—prevention and mechanical interference. I could find nothing in the medical literature available for the former; the last was not to be thought of, no matter how importuning the sufferer. So I just got to asking all the lucky ones what they did, and when I gave the information out and it failed to work, I went after the patient and located the weak point in the argument.

If you will get far enough away from the visual obstruction of a ten-dollar bill, you can comprehend what a baby means to a home. One morning I was called to see a woman, the mother of two children matured and the Lord only knows how many immatured ones. She had been sick all night with bearing-down pains and a little attempt at menstruation. I examined, found the uterus enlarged and pressing down upon the surrounding tissues; there was no attempt at dilatation. I said: "Did you think you were pregnant?" She said, "No." "This feels very *suggestive*." I began preparing an opium glycerine tampon. She

watched me a few minutes, then said: "Doctor, if I am going to come unwell, don't do a thing to stop it. I'd rather die than have another child. I'm just like an old settin' hen when I'm in the family way. I set out the entire time. I've not a day of health, I swell like a barrel; the confinement is nothing. Oh, please don't do a thing to stop it."

How well I recall her little dark face as she described in detail her months of gestation. Eight months of agony and pain. I asked: "Have you done anything to start it?" Now you know a woman who is almost a saint, who would shun a lie as she would a snake, will lie like old Satan about her pregnancy. She said: "No, positively." That evening I was called back. There was pelvic peritonitis. The next day I called consultation. Husband as well as wife denied a knowledge of pregnancy. The next day another consultation was called, and the next day she died. May the good God never again let me witness such suffering and such a death! Her near relatives wished her to know she was nearing death, desired to know her wishes in regard to her family. Her husband was delegated to tell her at the proper time.

With face pinched and drawn, only rivalled in whiteness by the pallor of death, he hovered over her bed; her slightest wish was at once gratified. When he was not holding her in his arms he was walking in the parlor to and fro with clinched hands and drawn lips. Not a morsel of food, not a drop to drink, in his efforts to stay the hand of death; nature's wants were forgotten. But that wife, dearer to him than his life, died with no word spoken to tell her that she might cry out the truth of what they had done.

In time he married again. In due time he came to me and said: "I wonder if it is worth while to ask you to help us." The dangers and discouragements were brought forth. He sat awhile in reflection, the said, "I used to be able to pass a steel catheter."

And there sat the guilty man. Given a catheter by an unscrupulous doctor and told how to use it, and that explained why he sealed his lips and death sealed hers.

Why, don't you know, we all know the yellow dog in medicine that does that kind of work, and tells people how to take one life, if not two! One day a man stepped into my private office and closed the door. In my office when a man or woman does that ninety-nine times could I say, and the hundredth, I would not miss it: "How many days has she gone over her time?" He said: "We are in trouble at our house. I never did ask a doctor to help us, but I am going to ask you now. Won't you help us?" I explained the danger; he knew it. I explained the law; he knew that also. I suggested the old story about taking cold and trying a little medicine. He said petulantly: "There is nothing in medicine for us; we've tried everything heard and unheard of in medicine. We have got four children on medicine."

I told him I could dilate the cervix, and sometimes that would stop the vomiting; also explained that it might make her miscarry. He went away and in a few days called me to come out prepared to dilate the cervix. I went. She was relieved for three days, then it returned worse than ever. He called to see me again, and the look of determination on his face told me they were done with me. He asked for his account. They were a good family, with a large connection. The loss meant much to me. I could not let them go without a struggle. I must defend my position.

After a little talk explanatory, I said: "I would rather have you go from me with the look you have on your face for the reason that you are going than that you were looking at me as you are and your wife dead and your children orphans."

In a short time I heard what doctor they had employed. You always hear it. Much to my surprise, that man came back to me a few months later and engaged me to confine his wife. I was delighted. I had thought that it was all off.

In due time they called me out; the labor was speedy; chloroform made it not unbearable, and I was soon ready to go home. The husband, with a proud air, handed me ten dollars, and I with equal pride, I assure you, received it.

Some months after, while talking to me again in my private office, we were discussing the sulphate of atropine. He said: "I know something about that drug. The doctor gave it to my wife that time you tried to stop her spitting and vomiting and couldn't, but it hurt her worse than the spitting. I always thought you felt hurt about that, but I wanted to do the best for my wife, and he did help her; but the reason we didn't have him to confine her case was because—well, I just asked him to abort her. We agreed on the time and the price, and he came out to do the work, but you had scared us. We thought she had gone thru it before and could again. We were afraid to let him, but he came prepared. The more I think about it the more I despise him, if I did ask him. Just to think he was willing to risk it, and perhaps kill my wife. I have nothing but contempt for him because he was mine for the money."

And that is the way we know of these unprincipled curs, because men and women the truthfulness of whose words we cannot question, tell us. Why should a home be a warren and a woman simply a breeder, and man a superintendent of a hutch? Before marriage a man admires her face, her form, her qualities of mind and character. She feels she is appreciated. After marriage it is to stay at home and work up a kindergarten, unless they are wise enough to sidestep it.

I knew a girl, a tall, beautiful blonde, a Venus in appearance, and it wasn't long until Adonis came along. They were married. Of the wedding trousseau every garment was made to delicately reveal the outlines of her beauty. They were a handsome pair.

They were representation of Petroleum V. Nasby's poem, Hanner Jane, "The girls all envied Hanner Jane, the boys all envied me."

She was ripe for the fruitage, and in eight weeks she came to me. You all know what she said. She "thought a little medicine, if taken right away, would bring what failed to come four weeks before." She was fairly easily persuaded to let nature take its course, but she said, "Paul worried so; asked if she was all right every time he came home." He didn't care anything about his country's good or the decrease of population; he wanted to have his wife well and pretty and enjoy life a little while before the heavy paternal responsibilities came. They would want me after a while, but not so soon, she said. I confined her. Five hours she was in expulsive labor. How she worked and strained and pulled; the agony of mind he suffered. After a pain had worn away that seemed would never let go, she looked up into his face, and with a look of unspeakable love said, "Oh, Paul, you didn't think it would be so bad, did you?" With tears streaming over his cheeks he buried his face in the pillow by her head and moaned, "No! No!"

Like everything else, it came to an end, and how proud they were of that little red mite! But that was to be the last. Within the year she came to me again. A dreadful fear was in her heart, a fear that it had happened again. And it had. She cried broken-hearted. She said: "I have never had on a pretty dress since I was married. I was so sick before Nellie came I could not dress up until I was too big, and now I feel I never will dress up again."

They moved to Kansas. In a year I heard of her death. "She was never well after the baby came," her mother wrote me. And so his dream of home and love and happiness was ended in six feet of ground. To remind him of it is a little girl of two years and a boy of five months, and her mother took them.

One night I stood at the bedside of a mother dying of post-partum hemorrhage. There were two other physicians present. We were all powerless to stem that criminal tide. Directly I went into the next room where sat the dry-eyed husband with six children. I said: "She is dead." With one sweep of his hand he brushed the child from his knees, rushed to the bedside and threw himself across her dead body, crying: "O Lord, how good she was to me! Never unkind, never reproachful to the contributory cause of her death. God knows we didn't want it. What a poor exchange; what a sacrifice!"

One day, on boarding an interurban car, I saw the floor covered with rice. The bride was easily recognized. When she left the car she was the cynosure of all eyes. Her face was rounded, her cheek flushed with a rose tint. There was under her close-fitting gown just that gentle tremor that told you that full-rounded bust and hips were nature's rich endowment. She was a symphony in brown.

Months later I was called into her home by a 'phone message from her husband. He met me at the door. That house was furnished and kept with that perfect neatness that was noticed in the bride. He took me to her bedside. She was dressed in a pretty wrapper, and lying on the bed with her face turned from me. He stepped softly to her side and in a gentle voice said: "Margaret, the doctor is here." With that she reached him her hand. He took it and helped her to arise.

What a change! Her eyes were puffy, her lips the same; fingers, feet and limbs edematous; she sat on one trochanter. Her husband introduced us and left the room. On examination I found the vulva edematous to an astonishing degree. I punctured and drew off two ounces of serum. Her walk was a hobble, and no wonder, with such swollen feet. She kept pulling her dress out by the ribbon at the yoke in her efforts to hide her immense proportions.

Her husband followed me to the door to ask my opinion and to express his anxiety. I said: "There is a storm brewing for you," and it struck the next morning. They called me at six o'clock. I called assistance at once. I do not need to describe to you that purple face and frothy mouth, with blood trickling down the corners from the bitten tongue. You have all seen it and thanked God you weren't a woman. She lived; the child died. That was five years ago, and so far it hasn't happened again. Can you blame them?

President Roosevelt, in his address before the last National Mothers' Congress that convened in Washington, said: "Unless the average woman is a good wife and a good mother, unless she bears a sufficient number of children so the race shall increase and not decrease, unless she brings up these children sound in mind and soul and body—unless this is true of the average woman, no brilliancy of genius, no material prosperity, no triumph of science or industry, will avail to save the race from ruin and death." His first wife had one child and died; his second wife had five children and quit, though yet in the child-bearing period. And his daughter, Mrs. Longworth, has none.

What does the sufferer care for her country's good? We are all like the old nigger caught in an engagement during the Civil War, who made good use of his legs and lived to tell it. His hearer said:

"And did you run?"

"'Deed, I did sah, run at the fust fiah, and would ah run sooner had I knowed it was a'comin'."

"Then honor and patriotism are nothing to you. Did you think you would be missed?"

"Nuthin' whatevah, sah; dead white man ain't nuthin' to dese sojers, let alone a dead niggah; but I'd miss meself, and dat was de pint wid me."

If the medical profession would abolish this wholesale slaughter of the innocent, let them tell the husband and the wife how to limit the number of their household. Let us have quality and not quantity. Such procedure would close the maternity homes so boldly advertised in some of our medical journals, the sale of regulators in medical and lay press, and put the professional abortionist out of business.

You have all sat by the bedside and witnessed the greatest suffering a human being can endure and live. You heart has ached, and you wished it was all over, that you could go away and forget it. And when the baby landed everybody in the room is crying and wiping their eyes, but the doctor, he is cutting the cord, and the tears are dripping off the end of his nose.

"I do not ask a place among
Great thinkers who have taught and sung,
And scorned to bend
Under the trifles of the hour.
I only would not lose the power
To comprehend."

These are only a few cases from a doctor's note-book. You have all had like experience. I ask you to give my position your kindest consideration, and when the next petitioner comes to you let your judgment be tempered with mercy.

Self-Reliance.

The man who is self-reliant seeks ever to discover and conquer the weakness within him that keeps him from the attainment of what he holds dearest; he seeks within himself the power to battle against all outside influences. He never stupefies his energies by the narcotic of excuses for inactivity. He realizes that all the greatest men in history, in every phase of human effort, have been those who have had to fight against the odds of sickness, suffering and sorrow. To him defeat is no more than what passing thru a tunnel is to a traveler—he knows he must emerge again into the sunlight.

Man to be great must be self-reliant. Tho he may not be self-reliant in all things, he must be self-reliant in the one thing in which he would be great. This self-reliance is not the self-sufficiency of conceit. No—it is daring to stand alone. Be an oak, not a vine. Be ready to give support, but do not crave it; do not be dependent upon it. To develop your self-reliance you must see from the beginning, that life is a battle you must fight for yourself, you must be your own soldier. You cannot buy a substitute, you cannot win a reprieve; you can never be placed on the retired list. The retired list of life is—Death. The world is busy with its own cares, sorrows and joys, and pays little heed to you. There is but one great password to success—self-reliance.—*X.*

Book Notices

General Surgery.—A presentation of the scientific principles upon which the practice of surgery is based. By Ehrich Lexer, M. D., Professor of Surgery, University of Konigsberg. American Edition edited by Arthur Dean Bevan, M. D., Professor and head of the Department of Surgery, Rush Medical College. An authorized translation of the second German edition by Dean Lewis, M. D., Assistant Professor of Surgery, Rush Medical College. With 449 illustrations in the text, partly in color, and two colored plates. D. Appleton & Co., New York and London. 1908. $6.00.

It is almost presumptuous to praise this volume. He who is familiar with the standing of Prof. Lexer in Germany and with the favor his book has attained in the hands of the German medical students knows that it is superfluous to speak much of it. The translation, by Dr. Dean Lewis, is excellently done and we do not find in it any teutonisms which mar so many books translated from the German. The name General Surgery may lead to some misunderstanding, so it is well to state here that this volume considers the general principles of surgery, and considers them in a masterly manner. The illustrations are well executed, and the printing, paper and binding are in Appleton's usual style, i. e., excellent.

The Sexual Instinct.—Its uses and dangers as affecting heredity and morals. By James Foster Scott, B. A., M. D., C. M. Second Edition, revised and enlarged. $2.00. E. B. Treat & Company, 241 West 23d St., New York.

It is ten years since the first edition of Dr. Scott's book made its appearance. In this second edition the main body of the book remains the same, with some minor changes here and there. Two new chapters have been added, while the chapter an sexual perversion has been omitted.

Golden Rules of Dietetics.—The General Principles and Empiric Knowledge of Human Nutrition; Analytic Tables of Foodstuffs; Diet Lists and Rules for Infant Feeding and for Feeding in Various Diseases. By A. L. Benedict, A. M., M. D., Buffalo, Member of American Academy of Medicine, and of American Gastroenterological Association, etc. Author of Practical Dietetics. C. V. Mosby Medical Book & Pub. Co., St. Louis. 1908. Price, $3.00.

We read with profit and interest Dr. Benedict's book on Dietetics. We believe the name Golden Rules does the work an injustice. The words Golden Rule suggest a short compend, some maxims or aphorisms, while this is a complete text book

on dietetics, forming a volume of over 400 pages. Dr. Benedict belongs to the, alas, too small, class of level-headed physicians who are free from faddism and prejudice, who weigh carefully what they say, take the valuable wherever they find it and study Nature with an open mind. Whatever Prof. Benedict says may be accepted as safe and reliable. The volume is cheerfully recommended to all medical practitioners.

CONCERNING LAFCADIO HEARN.—By George M. Gould, M. D., with a Bibliography by Laura Stedman. Geo. W. Jacobs & Co., Publishers, Philadelphia. $1.50.

With pleasure and interest have we read Dr. Gould's "Concerning Lafcadio Hearn," which has raised such a tempest in a tea-pot. We cannot see the cause of all the antagonism against Dr. Gould, for we fail to see any desire on Dr. Gould's part to do Hearn an injustice. Dr. Gould knew Hearn better than many of the latter's friends, and if the picture Gould gives us is not altogether a pleasant one, he is certainly entitled to his opinion. The time has passed when we were in the habit of considering a man as belonging to either one of two classes, angels or devils, sinners or saints. We now know that most humans contain in themselves the elements of both. The difference is only in the proportion. We believe that the author attaches too much importance to the rôle that Hearn's myopia played in his life, but aside from that we believe Dr. Gould has given us an excellent and fair picture of the man. Gould's style is virile and charming, and we almost regret that George M. ever became a physician. In the field of pure literature we believe his laurels would have been even greater than in the field of medicine.

RUSSIA'S MESSAGE.—The True World Import of the Revolution. By William English Walling. Illustrated. Doubleday, Page & Company, New York. 1908. Price, Cloth, $3.00.

This is a splendid, intensely interesting book and Mr. Walling deserves the gratitude of every liberty-loving citizen for the light that his volume will help to shed on the complicated situation in Russia. If there is anybody who is in doubt as to the Czar's true character, if there is anybody who hesitates to declare Nicholas II. the vilest, the cruelest, the most blood-thirsty wretch in all human history, he should read this book. His doubt and his hesitation will be dissipated. Among cruel monarchs there are only two other figures that can compare with Nicholas: they are Ivan the Terrible and Philip II. (of Spain). But Ivan has been shown to have been insane, therefore Nicholas has only one companion that can compare with him in cruelty, treachery and blood-thirstiness. There is no punishment conceivable which could be considered too severe for the Czar, the Grand Dukes and the Russian bureaucracy. It is a disgrace that we should have to admit into our capital an ambassador of that tyrant. A free

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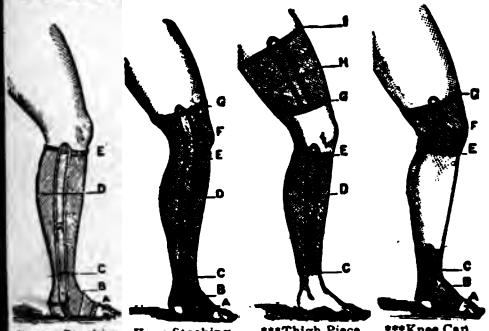

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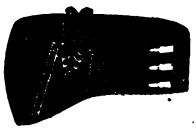

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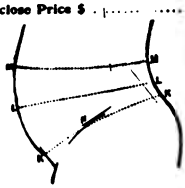

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